



ARKANSAS CHILD AND FAMILY SERVICES

PLAN

2020-2024



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INTRODUCTION

The 2020-2024 Child and Family Services Plan for the State of Arkansas first provides a comprehensive overview of the current child welfare system in Arkansas. This description is designed to give context for the strategic plan set out in the latter half of this document. This strategic plan and its associated targeted plans comprise a five-year roadmap that will assist the Division in joining primary prevention efforts with existing community collaborations specializing in this area. The Child and Family Services Plan will also complement the many other secondary and tertiary prevention strategies the Division has already set forth in an effort to improve safety, permanency, and well-being outcomes for children and families. To gain a full understanding of the work the Division intends to accomplish over the next five years, the strategic plan within this document must be read in conjunction with the Division's Child and Family Services Review (CFSR) Program Improvement Plan (PIP) and National Youth in Transition Database (NYTD) Review PIP. In addition, the reader must also recognize the shifts occurring in child welfare as the Division of Children and Family Services continues to put its values into action and embraces the implementation of the Family First Prevention Services Act. The Arkansas Division of Children and Family Services recognizes the immense work ahead but looks forward to ongoing collaboration with the legal system and community partners and providers to ensure that every child has a safe, stable, and nurturing family every day.

The Arkansas 2020-2024 Child and Family Services Plan will be posted [here](#). The contact person for the 2020-2024 CFSP is Lisa Jensen who may be reached at lisa.jensen@dhs.arkansas.gov or 501.396.6058.

COLLABORATION AND VISION

Arkansas at a Glance

The overall population in Arkansas was estimated at 3,013,825 at the time of the U.S. Census in 2018, an increase of 3 percentage points from 2010. Children under five years of age comprised 6.4 percent of the child population; 23.5 percent of the population was under the age of 18. 79.3 percent of the population is white, while another 15.7 percent of the population is black. More than 7.6 percent of the population identify themselves as being of Hispanic or Latino origin. In 2017 the median household income was \$43,813 annually.

DCFS is a division within the Arkansas Department of Human Services (DHS). DHS is the largest state agency with more than 7,400 employees working in all 75 counties. Every county has at least one local county office where citizens can apply for any of the services offered by the Department. Some counties, depending on their size, have more than one office. DHS employees work in nine divisions and seven support offices headquartered in Little Rock to provide services to citizens of the state. DHS provides services to more than 1.2 million Arkansans each year.

The Division of Children and Family Services

The Division of Children and Family Services (DCFS) is the designated state agency to administer and supervise all child welfare services (Titles IV-B and IV-E of the Social Security Act), including child abuse and neglect prevention, protective, foster care, and adoptive programs. The Division's mission statement is as follows:

Our mission is to keep children safe and help families. DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children. We will focus on the safety, permanency and well-being for all children and youth.

State's Vision: DCFS along with the legal system and community partners and providers will actively engage to ensure every child has a safe, stable, and nurturing family.

The Division's Practice Model Framework goals include:

- Safely keep children with their families.
- Enhance well-being in all our practice with families.
- Ensure foster care and other placements support goals of permanency.
- Use permanent placement with relatives or other adults, when reunification is not possible, who have a close relationship to the child or children (preferred permanency option).
- Ensure adoptions, when that is the best permanency option, are timely, well-supported and lifelong.
- Ensure youth have access to an array of resources to help achieve successful transition to adulthood.

In SFY 2018 the State's child welfare system investigated 35,867 reports of child maltreatment. DCFS provided In-Home services (Protective and Supportive) to 2,344 families which involved 3,483 children, a decrease of 15 percent compared to SFY 2017. As of June 24, 2019, there were 4,373 children in foster care. This is a 14.5 percent decrease from the end of SFY 2017. The Division is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages, and delivers services without regard to race, color, religion, sex, age, national origin, mental or physical disability, veteran status, political affiliation or belief.

State Agency Administering the Programs

The Division of Children and Family Services (DCFS) Director has management and administrative responsibilities for the Division and directly oversees the Eligibility and Criminal Background Checks and Notifications Units. The DCFS Director also supervises the DCFS Deputy Director who oversees the DCFS Assistant Directors.

The DCFS Deputy Director reports to the DCFS Director and oversees each Assistant Director who is responsible for oversight of each of these operational subdivisions within the Division: Community Services, Prevention and Reunification, Infrastructure and Specialized Services, Behavioral Health Services, and Placement Supports and Community Outreach. These sections are described below.

- **Prevention and Reunification**

Prevention and Reunification focuses on support to families in their homes in an effort to prevent initial entry into foster care as well as to re-entry through focus on reunification services and supports. This unit provides reviews, coaching, and technical assistance to field staff in the following areas.

- Children's Trust Fund (Prevention/Support)
- Differential Response
- Child Protective Services (Investigations)
- Team Decision Making
- In-Home Services
- Reunification
- Child and Adolescent Needs and Strengths (CANS)/Family Advocacy and Support Tool (FAST) Assessments

- **Infrastructure and Specialized Programs**

Infrastructure and Specialized Programs oversees and provides support to the following units:

- Policy
- Professional Development
- Planning and Federal Compliance
- Transitional Youth Services
- Education

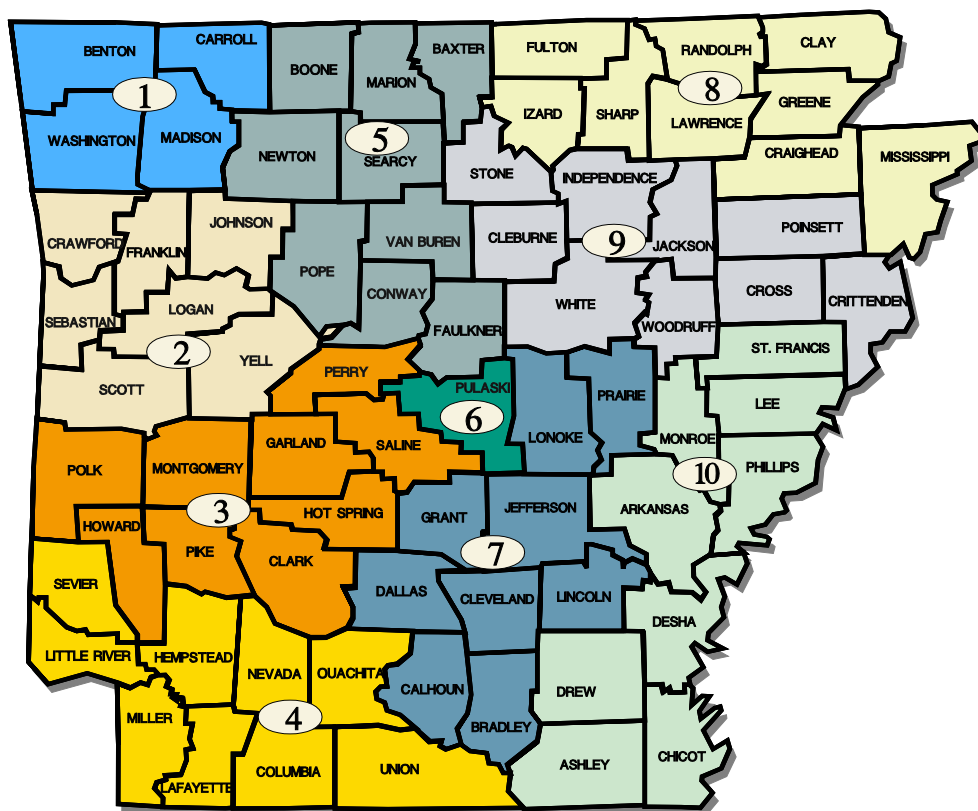
- **Community Services**

Community Services provides administrative leadership and guidance to DCFS field staff throughout all 75 counties within the state. The counties are divided into 10 geographic service areas, each with an Area Director. The Assistant Director of Community Services directly supervises the ten Area Directors.

Each Area is comprised of the following counties:

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AREA I: Benton, Carroll, Madison, Washington

AREA II West: Sebastian

AREA II East: Crawford, Franklin, Johnson, Logan, Scott, Yell

AREA III: Clark, Garland, Hot Springs, Howard, Montgomery, Perry, Pike, Polk, Saline

AREA IV: Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, Union

AREA V: Baxter, Boone, Conway, Faulkner, Marion, Newton, Pope, Searcy, Van Buren

AREA VI: Pulaski

AREA VII: Bradley, Calhoun, Cleveland, Dallas, Grant, Jefferson, Lincoln, Lonoke, Prairie

AREA VIII: Clay, Craighead, Fulton, Greene, IZARD, Lawrence, Mississippi, Randolph, Sharp

AREA IX: Cleburne, Crittenden, Cross, Independence, Jackson, Poinsett, Stone, White, Woodruff

AREA X: Arkansas, Ashley, Chicot, Desha, Drew, Lee, Monroe, Phillips, St. Francis

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Each county is generally comprised of at least one supervisor (FSW County Supervisor/FSW Supervisor) as well as family service workers (FSWs) and support staff. Each position has a job title that has a set of minimum qualifications established by the Department of Finance and Administration, Office of Personnel Management. Positions may then be further defined based on job functions developed by a direct supervisor (e.g., FSW functional roles include but are not limited to investigators, caseworkers, resource workers, and adoption specialists; support staff functional roles include but are not limited to program assistants, transitional youth coordinators, health service workers and clerical staff).

- **Behavioral Health Services**

The DCFS Behavioral Health Services Unit provides support and consultation to DCFS field staff regarding children with behavioral, emotional, and mental health needs. This unit assists with Interdivisional Staffings for children with multiple needs, and also oversees contracts for counseling and psychological evaluations. The DCFS Mental Health Services Unit does not provide direct mental health services for clients.

- **Placement Support and Community Outreach**

Placement Support and Community Outreach Programs focus on ensuring placements are safe and stable, recruiting and retaining resource homes, and supporting all placement providers so that they have the means to provide quality, individualized care and services to the children placed with them. Placement Support and Community Outreach includes:

- Adoptions/Guardianship
- Foster Care
- Interstate Compact for the Placement of Children
- Specialized Services

Financial and administrative functions related to DCFS are provided to the Division through the shared-services model at the DHS Executive Staff level. There are DHS Chiefs for each of the following areas:

- Finance
- Information Technology (IT)
- Human Resources
- Legal Counsel
- Security and Compliance
- Legislative & Intergovernmental Affairs
- Communications & Community Engagement.

Please see CFSP Attachment A: Organizational Chart for more information.

Children's Reporting and Information System (CHRIS)

The Children's Reporting and Information System (CHRIS), Arkansas's State Automated Child Welfare Information System (SACWIS), is administered by the Office of Systems and Technology (OST) within DHS. CHRIS provides Arkansas with a single, integrated system to help staff and management in providing more effective and efficient operations within the functions of the child welfare system. CHRIS is accessible (desktop and 24-hour remote access) and supports the full scope of services provided by the Division. It serves as a centralized source to store information (e.g., client, legal and service information) and manage workloads. The information system also meets DCFS' needs surrounding federal reporting federal financial participation requirements, including those required for the Adoption and Foster Care Analysis and Reporting System (AFCARS). For data management, OST has moved from individual data warehouses to a consolidated warehouse with a decision support system and is working on dashboard capabilities for all Divisions.

Continuous Quality Improvement

All of the State's continuous quality improvement (CQI) standards focus on family-centered practices and community-based services designed to meet the individualized needs of individual children and families. To determine the effectiveness of programs in improving outcomes for children and families, the DCFS Director oversees a two-prong CQI endeavor through the Service Quality and Practice Improvement Unit and DCFS Data Management and Analysis Program. Both are operated via contracts.

The Service Quality and Practice Improvement Unit conducts Quality Services Peer Reviews (QSPR). The QSPR is a monitoring tool used to evaluate the quality of the child welfare system in Arkansas. It is modeled after the federal Child and Family Services Review (CFSR) tool and, as such, also focuses on safety, permanency, and well-being outcomes for children and families.

The Data Management and Analysis Program compiles, analyzes, and reviews data of several reports as well as measures the outcomes each area achieves for its service population. Reports include but are not limited to the Compliance Outcome Report and Annual Report Card.

In SFY 2019, the National Council and Crime and Delinquency (NCCD) began management of the Division's data management and analysis needs, to include the production of a wide array of data reports and technical assistance with the analysis of these reports. NCCD also oversaw the development and initial roll-out of SafeMeasures. SafeMeasures is a dashboard data tool designed to help frontline and supervisory child welfare staff monitor daily practice trends as well as long-term outcomes to improve accountability at all levels.

Together, these program areas and units are responsible for the provision of administrative and programmatic support for the state's network of child welfare services as well as short- and long-term planning and policy development.

Collaborations

The Division continues to have strong professional relationships with many groups that share the common goal of helping and supporting families. The Division continues to develop new partnerships with groups as it becomes more creative in assessing the needs of families and identifying supports that will best meet their needs in their own communities.

The Division strives to consistently engage in ongoing consultation with key stakeholders. For example, for the 2016 Statewide Assessment, the Division and its contractor for the Service Quality and Practice Improvement Unit conducted 44 focus groups across the state to gain feedback regarding the Division's performance in terms of service delivery and related outcomes for children and families as tied to the Child and Family Services Review (CFSR) systemic. Statewide Assessment focus group participants included various levels of DCFS frontline, supervisory, and management level staff, youth in foster care, biological parents, legal stakeholders, foster parents, other placement providers, service providers, training partners, and tribal representatives.

As another example, the Division also participated in an onsite National Youth in Transition Database (NYTD) Review, which also included an overall study of the state's Transitional Youth Services (TYS) Program. During the review multiple stakeholder focus groups (including youth, placement providers, legal stakeholders, Family Service Workers, Supervisors, Transitional Youth Service Coordinators) were conducted. The information obtained during the onsite review and focus groups was used to develop a PIP related to NYTD and TYS. Some of these focus groups members also served on the committee that worked to develop the NTYD/TYS PIP.

In addition, throughout from August through September 2018, the Division conducted an additional ten focus groups with agency frontline workers and supervisors, three focus groups with agency attorneys, one focus group with DCFS Area Directors, and another session with the Division's Youth Advisory Board (YAB), a group of youth in foster care ages 14-23 from across the state who represent their peers in foster care and foster alumni. DCFS also collaborated with Court Improvement Program (CIP) during this same timeframe to conduct another three focus groups with legal stakeholders including judges, parent counsel, and attorneys ad litem. Finally,

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interviews were also held with some members of the agency's Parent Advisory Council (PAC), which is comprised of biological parents who have had various interactions with the child welfare system in Arkansas. The focus groups held during 2018 were designed to obtain feedback to identify root causes of the areas needing improvement for the CFSR Program Improvement Plan (PIP) development. Following the identification of the root causes, virtual meetings were conducted and open to these staff and stakeholders to share the results of the analysis. Several of the CFSR PIP strategies include working collaboratively with CIP and including various stakeholders to address issues such as permanency/concurrent planning, relative placements, substance abuse education, and working to strengthen our workforce in relation to court proceedings.

The Division also collaborated with CIP, Judicial and Attorney Ad Litem representation, and CBCAP Lead at nationally sponsored statewide planning meetings to discuss future goals and strategies related to the CFSP.

Other collaborations include providing information sharing through presentations at the Children in the Courts Conference and Family First Provider Meetings; implementation workgroups associated with the National Child Welfare Workforce Institute through a Workforce Development grant; work with the National Council on Crime and Delinquency- Children's Research Center regarding structured decision making and risk assessments; and input from the Parent Advisory Counsel, Foster Parent Advocacy Counsel, and Youth Advisory Board (see below for more information).

The Division also establishes key committees with multiple stakeholders as needed to assess and assist with the development and implementation of goals and objectives of the CFSP and other initiatives. These committees often break out in subcommittees to focus on particular areas. The Division's goal is to work with varied partnerships and stakeholders to open even more opportunities for families as well as staff professional development.

Some key collaborative partnerships include:

- **Acute and Sub-Acute Psychiatric Facilities:** A residential child care facility in a non-hospital (sub-acute) and a hospital setting (acute) that provides a structured, systematic, therapeutic program of treatment under the supervision of a physician licensed by the Arkansas State Medical Board who has experience in the practice of psychiatry. Sub-acute and acute settings are for children who are emotionally disturbed and in need of

daily nursing services, physician's supervision, and residential care. This service is typically covered by Medicaid.

The Specialized Services Unit (SSU) provides technical assistance to psychiatric hospitals and facilities where foster children receive acute care and residential services. Discharge planning is critical for youth in these types of settings. For youth who do not have a discharge plan, the Specialized Services Unit schedules conference calls to discuss options for placement for these youth. Any trends or DCFS practice issues noted with a specific facility are addressed with the assigned field staff and supervisors.

The program specialist in the Specialized Services Unit continues to attend utilization reviews at the Arkansas State Hospital (ASH) to gather information to improve DCFS's Family Service Workers' (FSWs) case management best practice and ensure DCFS is highly involved in the treatment process. If problems are noted, FSWs are given support and coaching.

- **Administrative Office of the Courts:** DCFS continues its partnership with the Administrative Office of the Courts (AOC), which includes the Attorney Ad Litem, Parent Counsel, CASA, and Court Improvement Project programs. The Division participated in a number of meetings with the AOC prior to and throughout the 2019 legislative session to discuss and offer suggestions regarding various pieces of legislation from the agency, AOC programs, and other stakeholders, including legislators. Several representatives from the Administrative Office of the Courts participated on the Arkansas team for the State Team Planning Meeting in Washington, D.C. in April 2019. In addition, the CIP Director has continued to serve on the DCFS Program Improvement Plan (PIP) Development Team until her departure from CIP in May.

The DCFS Director and two DCFS Assistant Directors also serve on the CIP Child Welfare Taskforce. The taskforce is comprised of people from the medical and education community, all sides of the judicial/legal system, service providers, and members from DCFS sister agencies. The taskforce part of the CIP's Strategic Plan. The group typically meets once a quarter.

CIP also invited several different DCFS representatives to offer sessions at its annual Children in the Courts Conference in May. The DCFS Executive Staff Team served on a panel session entitled, "DCFS: Ensuring Safe and Stable Placements for Children in Foster Care" which detailed the agencies work to date regarding decreased utilization of congregate care settings and increase in placement with relatives and also explained how this work has prepared the Division for the implementation of Family First Prevention Services Act (FFPSA) in terms of use of Qualified Residential Treatment Programs

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(QRTPs) and prevention services for which the Division plans to claim IV-E dollars pursuant to FFPSA.

DCFS also coordinated with the National Council on Crime and Delinquency-Children's Research Center (NCCD-CRC) to bring another session to the Children in the Courts Conference. This session shared an overview of the Division's plan to embark on a multiyear system change project with NCCD-CRC to increase consistency in decision making, especially regarding the rigorous and balanced assessment of child safety and risk of future harm. This included an explanation of the evidence-based decision support tools, intensive training and coaching, and continuous quality improvement support throughout implementation.

Finally, the DCFS Director participated in a session in collaboration with the Division's sister agency, Division of Medical Services to explain how the state's new managed care system, PASSE, impacts and supports children in foster care who are in Tiers Two of Three of the PASSE.

- **Arkansas Association for Infant Mental Health (AAIMH) Policy Committee:** The Arkansas Association for Infant Mental Health (AAIMH) serves as the Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) Steering Committee. It meets quarterly as an advisory body at the state level to improve coordination of services and support for the early child-serving system. The DHS Division of Children and Family Services is a part of this system and is an active member of AAIMH Policy Committee.
- **Arkansas Baptist Children's Homes and Family Ministries (ABCH Homes):** ABCH is a non-profit agency of the Arkansas Baptist State Convention. ABCH has recently converted all their residential settings to family like settings. ABCH is housing a few of our large sibling groups. ABCH is currently a Private Licensed Placement Agency and is focusing on Sebastian County and in 2018 expanded to Area 9 and is working toward expansion of Area 4. As of April 2019, ABCH has 29 homes. ABCH has come along side DCFS in values of children and youth being a family home – ABCH resource parents are taking children and youth of all ages. ABCH also is supporting reunification through facilitating sibling and parent visits in their office location.
- **Arkansas Behavioral Health Planning Advisory Councils (ABHPAC):** ABHPAC is a defined entity through the Federal Department of Health and Human Services Substance Abuse and Mental Health Services Administration (HHS SAMHSA) and is comprised of consumers of behavior health services, family members, behavioral health professions and stakeholders within the state that receives SAMHSA Block Grant funding. The DHS Division of Behavioral Health Services is the lead agency for the ABHPAC. DCFS is a required partner with this group. Meetings occur quarterly. This council allows a mechanism for service recipients and family to be involved with the decision-making process for planning of services that the block grant funding supports.

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- **Arkansas Department of Health:** The mission of our state Health Department is to protect and improve the health and well-being of all Arkansans. DCFS has been working closely with the Director of Child and Adolescent Health from the Health Department to develop a parenting education program in 9 individual WIC (Women, Infants and Children) clinics across the state. This collaborative effort, called Baby and Me, provides parenting education, resources and support to parents of newborns 0 – 6 months of age who are receiving benefits at the WIC clinics.
- **Arkansas Foundation for Medical Care & Arkansas Department of Health Statewide ACEs/Resilience Work-Group:** The group was created to achieve synergies across child health, community-based agencies and state-based agencies to address the root causes of toxic stress and childhood adversity and build community resilience. Membership represents almost 50 organizations and state agencies. DCFS is represented on the steering committee for the Work-Group.
- **Arkansas Rehabilitation Services (ARS):** The mission of ARS is to prepare Arkansans with disabilities to work and lead productive and independent lives. ARS has 19 field offices across the state serving all 75 counties. ARS also operates the Arkansas Career Training Institute which is a comprehensive, state-owned rehabilitation facility--one of only nine in the country and the only one in the country west of the Mississippi River. To achieve its mission Arkansas Rehabilitation Services (ARS) provides a variety of training and career preparation programs including:
 - o Diagnosis and evaluation of capacities and limitations
 - o Guidance and counseling
 - o Career and technical education
 - o Job placement
 - o Physical and cognitive restorative services
 - o Assistive technology
 - o Residential career training facility and hospital
 - o Transition services for high school students (youth 14 and older) with disabilities who are moving from high school to further education or work
 - o Scholarships and leadership programs for students with disabilities
 - o Financial assistance to kidney transplant recipients
 - o Community rehabilitation programs
 - o Supported employment services
 - o Supported housing
- **Arkansas Commission on Child Abuse, Rape, and Domestic Violence:** The Commission on Child Abuse, Rape, and Domestic Violence is comprised of agencies and groups representing law enforcement, multidisciplinary teams, education, mental health, judicial and other professional groups. The Director of the Division of Children and Family Services is appointed to the Commission on Child Abuse, Rape, and Domestic Violence. The Commission meets on a quarterly basis and, these meetings provide a forum to share information related to issues, initiatives, and concerns of the child welfare system and, in turn, allows the Division to hear the concerns and perspectives of other

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disciplines along with the community. Most importantly, it serves as an avenue for making connections and bolstering relationships with individuals who have a similar mission of protecting children and providing families with the necessary services and supports. The Commission is an integral partner regarding the development of proposed legislation. A member of the Commission also serves on the DCFS Advocacy Council.

The Commission licenses the web-based mandated reporter training through a partnership with the Center for the Application of Information Technologies and Western Illinois University. It also has a partnership with the Arkansas Educational Network (AETN) to revise and update a web-based mandated reporter training video for the on-line professional development portal utilized by licensed educators.

- **Arkansas Head Start Collaboration Office (HSSCO)/Arkansas Head Start Association (AHSA):** DCFS has a Memorandum of Understanding with the Arkansas Head Start Collaboration Office/Arkansas Head Start Association. The purpose is to foster collaboration, effective communication, and cooperation between the HSSCO/AHSA and DCFS on the state and local level in providing services to children and families in the EHS/Head Start programs across the State. This collaboration will allow HSSCO/AHSA to consider the DCFS population as a priority population in providing services and supports to the children and families referred. This will also allow both agencies at the local level to share information, as it relates to the child, for services and supports.
- **Arkansas Infant and Child Death Review Program:** The Arkansas Infant and Child Death Review Program is administered by the Department of Pediatrics of the University of Arkansas for Medical Services and Arkansas Children's Hospital and supported by a contract with the Arkansas Department of Health, Family Health Branch. The mission of the Infant and Child Death Review Program is to improve the response to infant and child (ages birth through 17) fatalities, provide accurate information as to how and why Arkansas children are dying, and make recommendations to reduce the number of preventable infant and child deaths in Arkansas. The Program has trained multidisciplinary, local level teams across the state to conduct legislatively required reviews of all unexpected infant and child deaths in the state. To date, there are eleven active local level review teams that review infant and child deaths covering all 75 counties in Arkansas. All child fatalities meeting the review team's child death team's criteria are entered into the Arkansas Child Death Review data system. The results and recommendations from the local child death review teams are submitted to the Arkansas Child Death Review Program for follow up and implementation. The DCFS Director and CPS manager serve as members of this committee; the committee meets quarterly to discuss the implementation of the local team's recommendations. The DCFS Area Directors serve as core team members of the review teams in their areas.
- **The Arkansas Safe Babies Court Team (SBCT) Project:** The Safe Babies Court Team (SBCT) Project is a collaboration between the DHS Division of Child Care/Early Childhood Education (DCC/ECE), the DHS Division of Children and Family Services (DCFS), and Zero to Three in Judge Joyce Warren's court located in Pulaski County and Judge Smith in Benton County. The Safe Babies Court Team is a system-change initiative

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focused on improving how the courts, DCFS, and related child-serving organizations work together to expediate services for young children. The two main goals of SBCT are 1) Changing local systems to improve outcomes and prevent future court involvement in the lives of very young children in the child welfare system; and, 2) Increasing knowledge about the negative impact of abuse and neglect on very young children. SBCT takes both a micro and macro level approach to address these goals. At the direct service level, families that meet criteria are enrolled in SBCT and create a family team. The family teams are made up of the parent, family members, DCFS caseworker, OCC, parent attorneys ad litem, service providers, and others who meet regularly to identify and address needs of the children in care and their parents. The meetings are facilitated with the purpose of creating a collaborative environment to address barriers to reunification with a “no-blame” attitude, surrounding the parent with support and services, and recognizing that everyone there plays a role in the success of the family. On a macro level, SBCT brings community partners together as a stakeholder team focused on broader systems improvement to address prevention and treatment service gaps and disparities. Each participating jurisdiction has a Community Coordinator who helps to coordinate local services/resources and organizes the stakeholder meetings. The Arkansas Safe Babies Court Team Project receives support from the national level technical assistance specialist and the project coordinator.

- **Bikers Against Child Abuse (BACA):** BACA exists to create a safer environment for abused children. BACA exists as a body of Bikers to empower children to not feel afraid of the world in which they live. BACA sends a message to parties involved with an abused child that the child is a part of BACA and that the organization members are prepared to lend their physical and emotional support to a child by affiliation and their physical presence. BACA has a working relationship with DCFS statewide through a Memorandum of Understanding finalized during State Fiscal Year 2018.
- **CarePortal:** Arkansas Family Alliance partnered with DCFS to bring the CarePortal to Sebastian County. Arkansas Dream Center in North Little Rock, Arkansas partnered with DCFS to bring CarePortal to Pulaski County, Greater Little Rock/North Little Rock area in DCFS Area VI. CarePortal is an interdenominational network of churches that through technology, can wrap around children and families in crisis. The DCFS County Supervisor serves as the main liaison between DCFS and CarePortal. DCFS workers in Sebastian County and Pulaski County identify needs of local children and families, and then submit the request for help online through the CarePortal. Local churches receive the request and meet the needs as able. By providing an outlet for the church community to wrap around families, CarePortal will result in stronger partnerships accelerated through the use of technology and ultimately, better outcomes for children and families. The launch date for this in Sebastian County was on May 3, 2018. The launch Date for CarePortal in Pulaski County was on December 6, 2018.
- **CASSP (Child and Adolescent Service System Program):** The Child and Adolescent Service System Program (CASSP) focuses on interagency collaboration for the needs of seriously emotionally disturbed (SED) children. Children involved with DCFS are a priority population for CASSP and there is a DCFS staff member who serves on the State

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CASSP Coordinating Council and Executive Committee. There are several children who are involved in CASSP and DCFS and each year the State CASSP Council targets an area of common interest DCFS attends monthly statewide CASSP meetings. Funding for wraparound services has been reduced, therefore is not available to provide as many services as in the past. But, the process of developing wraparound teams at the local level is still available for children and youth who are SED.

- **Children of Arkansas Loved for a Lifetime (CALL)**: The CALL is a 501 (c) 3 organization which recruits, trains, and supports foster and adoptive homes for DCFS. There is a defined process for the establishment of CALL in each county. The DCFS and CALL partnership is guided by an MOU that is reviewed on a biannual basis. The first CALL County was established in 2007. The second CALL County was established in 2008 after a significant increase in the number of available foster homes from the first implementation of the CALL. The CALL became a statewide organization in 2010. Since the conception of the CALL they have recruited 1,600 families and supported 900 adoptions.

DCFS continues to work with the CALL regarding specifically recruiting homes for 6 and older and large sibling groups. The CALL has created a county-based/statewide oversight model that has been replicated in 46 counties. DCFS meets on monthly basis with the CALL to ensure that the partnership is supported. The CALL also hosts a summit each year to build relationships between DCFS and the CALL. The CALL supports foster families by offering monthly support group meetings and the CALL Malls, which offers resources such as clothing or baby supplies to all approved foster parents.

- **Christians for Kids (C4K)**: C4K is a non-profit organization located in Craighead, Poinsett, Greene, Cross, and Crittenden Counties to help Christian families become foster parents by helping them through the process to approval. DCFS finalized a Memorandum of Understanding with C4K during state fiscal year 2017. C4K has slowed down recruitment in the areas due to the Executive Director returning to college. C4K has elected not to train families, only to recruit them and then the MidSOUTH partnership is completing the training.
- **Citizen Review Panels**: The Citizen Review Panels (CRP) operates in Pope, Logan and Ouachita Counties. The panels review child maltreatment cases and the State Plan. The panels make recommendations and suggestions in areas they have identified where DCFS could improve practice or protocols. The panels work with the local County Offices to coordinate which cases they will review and ensure DCFS is represented at the meetings. The Arkansas Citizen Review Panels meet and collaborate on projects they believe will have an impact on their community specifically focusing on enhancing the lives of children and families.
- **COMPACT**: This placement provider is a Christ-centered ministry to redeem the fatherless and family through compassion in action. E.g. Hillcrest Children's Home.

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COMPACT has entered in a contract with DCFS as a Private License Agency to launch a foster care recruitment program to recruit, train, and support families in Arkansas. As of April 2018, COMPACT has recruited 18 families under the Private License Placement Agency. DCFS meets with COMPACT Quarterly.

- **DCFS Advocacy Council:** The Division formed an Advocacy Council to help further our message and the direction of the child welfare agency. The professions represented on the council include judges, juvenile justice, CASA, prosecuting attorney's office, faith based communities including the CALL, medical, behavioral /mental health, clinical, women and children's health, law enforcement, higher education, K-12 education, Commission on Child Abuse, Rape and Domestic Violence, Advocates for Children and Family, foster care alumni, foster parent, biological parent, current youth in care and community at large. A mental health/placement provider currently services as the chair. The Council typically meets three to four times each year, with the DCFS Director leading each meeting and sharing the agency's vision and updates. During this past reporting period, the DCFS Director shared feedback from the Division's National Youth in Transition Database onsite review and subsequent Program Improvement Plan (PIP), developments regarding the approval of the Division's Child and Family Services' PIP, asked for feedback on DCFS legislation drafts -- to which members provided suggestions, discussed Acts that passed during the session and asked for and received guidance regarding the implementation of Act 598 which updates state law in accordance with the Child Abuse Treatment and Prevention Act (CAPTA) as amended by the Comprehensive Addiction Recovery Act (CARA), and shared how the Division information regarding the initial development of the state's 2020-2024 Child and Family Services Plan strategic plan.
- **Division of Aging, Adult, and Behavioral Health Services (DAABHS):** DCFS collaborates with DAABHS to advocate for children involved in the behavioral health and welfare systems. The Medicaid Mental Health Transformation initiative continues to be the primary focus of collaboration. The full Medicaid managed care program took over in March 2019. DCFS also collaborates with DAABHS regarding substance abuse services and funding for those services. Regular meetings and communication regarding substance abuse services are held to ensure consistency among state agencies funding substance abuse services. DAABHS attends the annual meeting with substance abuse providers to ensure consistency in planning and direction of services.
- **Division of Developmental Disabilities (DDS):** DCFS has partnered and continues to strengthen the collaboration for referral, consultation, and communication with the Developmental Disabilities Division. The DCFS Centralized Developmental Disabilities Coordinator positions continue to play a critical role in assuring timely processing and approval of children eligible for DDS Waiver services as well as assisting field staff in coordinating services after eligibility and completing annual reviews on all approved cases, which takes this time intensive process off Family Service Workers in the field. Feedback from the field was that this was a tedious and time sensitive administrative process and was very difficult for the field to complete timely and monitor

along with all the other responsibilities. DCFS recognized that it could impact placements of children with challenging behaviors due to developmental disabilities if the Waiver services were in place for a child, as well as assure the “right services were being provided at the right time” which could impact the ability to establish more timely permanence for children in foster care. With the collaboration of DDS and DCFS to give children in foster care priority on the DDS Waiver wait list, the addition of these two centralized Developmental Disabilities Coordinator positions makes it more possible for children in foster care to gain eligibility for DDS Waiver services while in care and to be able to carry those services over when reunification, APPLA, or adoption occurs.

The Division partnered with DDS to procure for providers who recruit and train specialized DDS foster homes. Through this procurement process, DCFS gained three new DDS providers to serve children in state custody. The foster homes recruited are trained on how to parent children with developmental disabilities. DDS provides the DDS waiver services in the community. The goal is to serve more children with disabilities in the community in the least restrictive setting as possible.

- **Division of Developmental Disabilities (DDS)-First Connections Part C:** Regarding children who are at risk for developmental delay, appropriate early intervention services are required. DCFS has partnered with DDS to strengthen policy and practice related to the CAPTA requirement to refer all children under the age of three when an investigation is initiated and is required for children under age 3 in substantiated cases of child maltreatment for an early intervention screening as DDS is the lead Part C agency in Arkansas. The Assistant Director of Prevention and Reunification serves on the Interagency Coordinating Council for Infants and Toddlers.
- **Division of Youth Services (DYS):** The division’s partnership with DYS continues to be strong. The Interagency Agency Agreement was amended to better serve and plan for permanency of youth in foster care that are committed to DYS. The DCFS liaison continues to coordinate with DYS on several issues affecting dual-custody youth and other shared issues between the two divisions.
- **Emergency Shelters:** Emergency shelters are available on a twenty-four (24) hour basis for up to forty-five (45) days in a six (6) month period for youth whose circumstances or behavior require immediate removal from their home. The extent and depth of the services provided to a youth in an emergency shelter program will depend upon the particular shelter as well as the individual needs of the youth and referral source. In July 2017, DCFS updated its protocol regarding placement at emergency shelters to require that any child age 10 or under placed in an emergency shelter be moved after ten days. For emergency shelter stays longer than ten days, a justification (to include detailed information about what has been done to locate a relative or fictive kin placement and/or a foster home placement, any special behavioral issues the child has, if the child is part of a sibling group and, if so, where the siblings are placed) must be sent to central office for review. Also, if a FSW wants to place a child age 12 and under in an emergency shelter, he or she must request approval from the Assistant Director over Community Services. The protocol has resulted in the decrease of monthly emergency shelter

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placements overall. Especially for children ten (10) and under. It has also resulted in the decrease of the number of days children spend in emergency shelter placements.

- **External Child Near Fatality and Fatality Review Team (formerly Child Death and Near Fatality Multidisciplinary Review Committee)**: The sunset clause for this the Child Death and Near Fatality Multidisciplinary Review Committee went into effect as of July 30, 2017 and, as such, this committee was no longer required by law. However, this committee, now renamed the External Child Near Fatality and Fatality Review Team, continues to meet quarterly to review near fatalities and fatalities associated with child maltreatment and determine what changes may be needed to policy/practice/procedures to prevent future child near fatalities and fatalities.
- **Fetal Alcohol Spectrum Disorder (FASD) Taskforce**: This group meets monthly and includes representatives from the following agencies: Pulaski County Juvenile Courts, Partners for Inclusive Communities, UAMS Departments of Family and Preventive Medicine, DHS/DCFS, Administrative Office of the Courts, Division of Child Care & Early Childhood Education, UAMS PACE team, Division of Behavioral Health, Arkansas Department of Education, Special Education, Division of Developmental Disabilities Part C, Arkansas Foundation for Medical Care, Arkansas Zero to Three Safe Babies Court Team, Arkansas Department of Health, March of Dimes, Arkansas Association of Infant Mental Health, and Adoptive Parent Representatives. The group has served as an advisory board to the FASD program and has set goals of promoting FASD awareness in Arkansas such as Fetal Alcohol Syndrome (FAS) Awareness Day, facilitating the request for the Governor's proclamation every September, and supporting and promoting the FASD yearly conference. The Differential Response (DR) Program Manager, who manages FASD referrals from the hotline, does not hold any office within the Taskforce but meets monthly with the Taskforce to collaborate on the above-mentioned tasks. The Taskforce continues to advocate for children in the state of Arkansas and has been instrumental in providing insight on services needed for children 0-18 years of age who have prenatal alcohol exposure. The Taskforce has since laid the foundation for the state's first FASD clinic. This clinic will be housed at the Chenal Family West Clinic in Little Rock, hopefully offering, soon, a telemedical option, for those whose travel to Little Rock would be burdensome.
- **Foster Parent Advisory Council**: In January 2018, DCFS launched the Foster Parent Advisory Council, which is made up of foster parents from across the state. A charter was developed, and DCFS Foster Care Manager and foster parents met monthly to discuss the charter and then discuss the next steps. The foster parents from across the state came together with hot topics that they felt needed the agency's attention and formed work groups. Starting in 2019, an external consultant began facilitating the council with DCFS participating as a member instead of the lead. The intent is for this neutral party to facilitate open communication about difficult topics. A co-facilitator was selected who also serves on the DCFS Advocacy Council, which provides a feedback loop between the two councils.

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- **Immerse Arkansas/Families:** Immerse Arkansas is transitional living program that takes DCFS youth at 18 years old. This program is designed to assist youth in learning necessary skills for adulthood. Immerse Families is part of Immerse Arkansas. This program is designed to support resource parents. Immerse Families completes different events and is actively engaging the families through “Belong Mom’s Gathering,” “Campyouwanngo,” and “Father Son Campout.”
- **Interdivisional Staffings:** Interdivisional Staffings are held for youth who have significant barriers in case planning as well as placement difficulties or maintaining stability due to multiple and complex needs. Children who are or are not in DHS custody may be referred for an Interdivisional Staffing. Many referrals include adopted youth in order to identify services and supports that are needed to maintain the adoption. The goals of the staffings are:
 - To improve treatment/case planning to more appropriately address the youth’s needs;
 - To provide assistance and support to DCFS field staff, direct services staff, and other stakeholders involved with the youth and family;
 - To attempt to resolve the youth’s issues before referring him or her to the Child Case Review Committee (CCRC). An interdivisional staffing must take place before a CCRC is held.
 - To identify systemic issues that needs to be addressed to improve services, collaboration and interagency processes.

These staffings occur at least three times a month and include representatives from other DHS divisions, including the Division of Youth Services (DYS), the Division of Medical Services (DMS/Medicaid), the Division of Behavioral Health Services (DBHS), the Division of Developmental Disabilities Services (DDS), and other stakeholders specific to the child such as CASA workers, attorneys ad litem, and etc. Only those youth who have complex needs including mental health issues, placement difficulties, psychotropic medication or other needs that cannot be adequately addressed in typical discharge meetings. Whenever possible youth have been attending the staffing, which gives them an opportunity to provide direct input regarding their case plan.

- **Judicial Leadership Team:** This team is a collaborative effort started by Judge Warren of Pulaski County Juvenile Court to facilitate communication between the court, DCFS, CASA, OCC, Zero to Three (ZTT), AALs, and Parent Counsel. Judge Warren schedules the meetings in her courtroom every other month at 7:30 a.m. so she can attend prior to the start of court hearings. New programs can be introduced at the meeting and issues or concerns can be raised and addressed giving an opportunity for open communication with Judge Warren to all in attendance.
- **Little Rock Angels:** DCFS has begun a new partnership with Little Rock Angels. DCFS is currently working on finalizing an MOU with Little Rock Angels. Little Rock Angels is

aimed at supporting foster parents and children in those homes. This is self-referral for foster parents; currently it is being piloted in five counties within the state.

- **Local Community Mental Health Centers:** DCFS has an Interagency Agreement with the Community Mental Health Centers (CMHCs) throughout the state to strengthen communication and ensure mental health services are provided to the children in foster care. The DCFS Assistant Director for Behavioral Health regularly attends meetings with Community Mental Health Centers and the Division of Behavioral Health to facilitate communication and improve services throughout the state for foster children. Whenever barriers or issues arise that impacts clients in the child welfare system, the Assistant Director for Behavioral Health coordinates an intervention and response to either client-specific or systemic issues. DCFS worked with DBHS (now the Division of Aging, Adult, and Behavioral Health Services - DAABHS) to write contract performance indicators for CMHCs, funded by DBHS. A performance indicator was added that requires a mobile, crisis team by each CMHC and specifies that if the person needing crisis services is a foster youth, then services should be provided in the home or community where the youth is placed. The performance indicator also requires that crisis services must focus on stabilization of the client within their community, must include a safety plan, and face-to-face follow-up within twenty-four (24) to forty-eight (48) hours of the initial crisis. In Area 2, the CMHC developed a mobile crisis team to support foster youth located anywhere within their catchment area. This CMHC also developed a transition program that is supported through Medicaid funds for those youth who do not meet medical necessity for residential services but have repeatedly failed in lesser restrictive settings. DCFS is collaborating with another CMHC in Area 8 to develop the same level of services.
- **MidSOUTH-Center for Prevention and Training:** DCFS is working with MidSOUTH to implement the Stewards of Children program, a child sexual abuse prevention program for adults. The project includes training facilitators to deliver the Stewards of Children program and then helping those facilitators set up trainings in their local community. DCFS has also begun working with MidSOUTH to implement the Baby and Me project in three new sites across the state.
- **Multi-Disciplinary Teams (MDT):** The Arkansas Commission on Child Abuse, Rape and Domestic Violence, the Department of Human Services and the Arkansas State Police have an agreement in cooperation with law enforcement agencies, prosecuting attorneys, and other appropriate agencies and individuals to implement a coordinated multidisciplinary team (MDT) approach to intervention in reports involving severe maltreatment.
- **Paragould Children's Home and Children's Home Inc.:** Paragould Children's Home has a campus in Paragould, Arkansas that is a family-like setting. Paragould Children's Home also operates Children's Home Inc., that is in Searcy, Arkansas. Children's Home Inc. is a Private Licensed Placement Agency (PLPA) that recruits, trains and supports foster families. Children's Home Inc. monitors these homes for compliance with licensing standards. DCFS supported Children's Home Inc. in PRIDE training and SAFE home

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study training. Children's Home Inc. has 33 open PLPA homes currently. DCFS meets with Children's Home Inc. at least quarterly.

- **Parent Advisory Committee (PAC):** The purpose of the council is to advise the Prevention/Reunification Unit. The Council is designed to ensure there are strong parent voices in shaping programs, services and strategies that result in better outcomes for children and families. All council members are parents that have had previous involvement with Arkansas's child welfare system. There are currently five parents from different parts of the state on the council. The PAC provided a thoughtful and comprehensive set of recommendations for the Division's 2020-2024 Child and Family Services Plan strategic plan.
- **Partners for Inclusive Communities:** This is one of the main collaborative partners from the beginning of the Fetal Alcohol Spectrum Disorder (FASD) program. Partners' associates are active members of the FASD Taskforce. They support the program by providing technical assistance on difficult cases and consulting on Individualized Education Plans (IEPs) for students receiving special education services. Partners also provide FASD trainings for medical or school personnel and are an active advocate when it comes to FASD. Partners for Inclusive Communities (Partners) is the entity that represents Arkansas University Center on Disabilities and is a member of the nationwide Association of University Centers on Disabilities. Administratively located within the University of Arkansas College of Education and Health Professions. Partners is a member of the nationwide Association of University Centers on Disabilities – AUCD. Partner's Mission: To support individuals with disabilities and families of children with disabilities, to fully and meaningfully participate in community life, effect systems' change, prevent disabilities, and promote healthy lifestyles. Partners' Beliefs and Values: Individuals with disabilities are people first, with the same needs and desires as other people. Disability is a natural and normal part of the human experience that in no way diminishes a person's right to fully participate in all aspects of society. This is a continuing collaboration.
- **Project PLAY (Positive Learning for Arkansas' Youngest):** Project PLAY is an Early Childhood Mental Health Consultation (ECHMC) program funded by the AR DHS Division of Child Care and Early Childhood Education (DCCECE) in collaboration with the UAMS Department of Family and Preventive Medicine. Project PLAY connects childcare programs with free early childhood mental health consultation throughout Arkansas and it has a program area that addresses children in foster care. Collaboration occurs on the local and state level. At the local level, when a child in foster care is identified in a childcare center as needing concerted attention to address his/her behavior, staff in the center, the child's DCFS caseworker, and foster parent(s) come together to discuss the options specific to the child. If a change in foster parents or caseworker occurs or other DCFS administrative actions occur, DCFS central office staff is included to help expedite coordination of services.
- **Project Zero:** Project Zero is a non-profit organization that supports DCFS in finding forever families for waiting children. Project Zero hosts several matching events

throughout the year. Children and youth from across the state (as well as families) come, interact, and meet families; examples of events include; Disney Extravaganza, Back to School Bash, Dream Big. Project Zero is funded by donations and volunteer service.

As of July 2017, Project Zero assumed responsibility for the Arkansas Heart Gallery. Project Zero maintains all Heart Gallery photographs which are taken by professional volunteer photographers. Project Zero also does short video features of the children waiting to be adopted. This gives the children a voice in what they wish for in an adoptive family and a chance to show their personality.

- **Psychiatric Research Institute (PRI)-University of Arkansas for Medical Sciences:** DCFS and PRI collaborate often to identify and address problematic systemic issues in the behavioral health services for the child welfare population. The behavioral health unit and PRI implemented a process for a Complex Trauma Assessment in 2016. This is a very comprehensive evaluation that assists in determining accurate diagnoses and provides recommendations for evidence-based treatment approaches. This project was initiated due to multiple children and youth being inaccurately diagnosed with Reactive Attachment Disorder, when trauma was not assessed or considered, therefore treatment approaches being taken were not effective.

This assessment is being utilized with very positive results in providing reasons for ruling out previous diagnoses and determining the primary diagnoses that should be the focus of evidence-based services and other case plan goals, such as working with special education to better meet the needs of the child. The Interdivisional Staffing for complex cases utilizes referral for the Complex Trauma Assessment for children who have had multiple diagnoses over the years with little improvement through the services that have been provided.

DCFS was recently notified by PRI that they are looking at a grant to support the Complex Trauma Assessment and extend the services. DCFS recommended that we consider additional follow-up on the recommendations with current caregivers, schools and caseworkers to ensure that the evidence-based treatment is implemented with clients.

- **Public Guardian for Adults (PG) and Adult Protective Services (APS):** Act 1033 of 2015 states that a transitional staffing for children who will be considered incompetent to care for themselves outside the assistance of DCFS upon turning 18 is to be scheduled no later than 6 months prior to a child's 18th birthday or upon entering foster care (whichever occurs later), and that Adult Protective Services and Public Guardian for Adults are to be invited. DCFS has delegated a liaison within the agency to aid in the referral process and in communication between DCFS and these two agencies. This liaison is reaching out to the field staff to educate on the process of applying for Public

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Guardian and with scheduling this staffing. This liaison also screens all Public Guardian referrals for quality and accuracy before forwarding to the Public Guardian office.

- **Residential Treatment Care:** Any child welfare placement agency that provides care, training, education, custody or supervision on a twenty – four (24) hour basis for six (6) or more unrelated minors. DCFS contracts for residential treatment providers expire on June 30, 2019 and are being replaced by contracts for Qualified Residential Treatment Program (QRTP), effective July 1, 2019. Settings with a house parent model will continue to provide placement services during the next year, with a focus on siblings and older youth. As part of the transition, DCFS implemented a new protocol related to residential treatment care that prohibited any child to be placed in residential treatment care without the permission of the Central Office Specialized Placement Unit. This was done to ensure that children are not unnecessarily placed in congregate care settings. Additionally, children in residential settings were individually reviewed by a team, and transition decisions were made based on the child's best interest. In the next phase, an independent assessor, in conjunction with the child's permanency team, will assess the child's strengths and needs to determine whether a QRTP placement is appropriate.
- **Resource Parent Advisory Council:** In January 2018 DCFS launched the Resource Parent Advisory Council; this council is made up of resource parents from across the state. A charter was developed and DCFS Foster Care Manager and resource parents met monthly to discuss the charter and then discuss the next steps. The resource parents from across the state came together with hot topics that they felt needed the agency's attention and work groups were formed. One of the recommendations the council made was implemented with DCFS Health Service Workers (HSW). The HSW's will ensure weekly contact with a foster parent who has a placement of a medically fragile child. The feedback received is that this is proven to work. DCFS was never able to implement a partner agreement with the committee. In fact, it was determined that a potential barrier to moving this group forward was having DCFS representatives facilitate the meetings. As a result, during this reporting period DCFS contracted with an external consultant to facilitate the committee meetings. DCFS still attends to provide Division information and perspectives. The intent is for this neutral party to facilitate open communication about difficult topics.
- **Restore Hope:** Aims to harness the passion of individuals, public-sector agencies, companies, and social and religious organizations to claim accountability for their communities. Restore Hope believes that no one agency or organization can solve the problem: Collaboration is the solution. It takes a community working together. DCFS is a part of the two alliances that are currently formed in the state. There is one in Fort Smith, Arkansas (Sebastian County) and another in Searcy, Arkansas (White County). Each alliance is made up of about 15-20 people. Restore Hope has expanded to Garland County.

Restore Hope has entered into an MOU agreement with the division with a new initiative entitled 100 Families. This project is being piloted in Crawford and Sebastian Counties where DCFS and Restore Hope are working collaboratively to help families who are at

risk of being referred to DCFS for investigation, are already under investigation, have an open protective services case, or an open out of home placement. The goal of 100 Families is to assess the family's functioning regarding housing, transportation, recovery, education, employment, food, financial management and then provide supports, services, and education to assist the family in becoming self-sufficient, so they no longer require services from the division.

- **Searcy Children's Home (SCH)**: Has been a Private Licensed Placement Agency in Arkansas for many years. Searcy Children's Home recruits, trains, and supports foster family homes who accept placement of DCFS children. Searcy Children's Home monitors these homes for compliance with licensing standards. As of May 2019, SCH has 16 resource homes. In early 2019 Searcy Children's Home changed its name to Sparrow's Promise. Sparrow's Promise unveiled their new visitation center. DCFS is working closely with Sparrow's Promise at this time to discuss phases of implementation and how we can work together to support children and families. Andrew Baker, Executive Director, also won a Children's Bureau Award for his work with Sparrow's Promise, Restore Hope, and Red Door Tables. DCFS meets with SCH at least quarterly.
- **Southern Christian Children's Home (SCCH)**: Southern Christian Children's Home currently operates a family-like setting campus in Morrilton, Arkansas. Southern Christian Children's Home has received their licensure as a Private Licensed Placement Agency and currently only has 1 home opened. Southern Christian Children's Home is working on recruiting, training, and supporting foster family homes. Southern Christian Children's Home monitors these homes for compliance with licensing standards.
- **Therapeutic Foster Care**: Therapeutic foster care providers are those that deliver therapeutic foster care (TFC) services in family homes for children who have emotional, behavioral, or physical problems which cannot be remedied in their own home, in a standard foster parenting situation, or in a residential treatment program. TFC is available for clients or youth statewide in the custody of the Department of Human Services (DHS), Division of Children and Family Services (DCFS). DCFS has increased the number of providers for TFC that will begin in July 2019. DCFS has also changed the program to have 3 different tiers of child needs, with different levels board payments for each tier. DCFS is also moving toward performance-based contracts and will be measuring outcomes.

Community Mental Health Centers and licensed private agencies maintain contracts with DCFS to provide this service statewide. DCFS meets once a month with providers to strengthen communication of referral and other issues. This group is known as the Foster Family Based Treatment Association (FFTA). The agenda varies, but topics mostly cover updates from Specialized Services Unit (SSU), proposed TFC standards, child specific recruiting, double occupancy request, FBI results, and age waivers. There is also discussion regarding their annual institute conference and other national issues. DCFS

also brings issues related to TFC providers having more consistent practice related to admission criteria.

Mental health services must be provided by clinicians licensed in the State of Arkansas and must be direct employees of the Therapeutic Foster Care program. The Therapeutic Foster Care provider must have the ability to provide crisis intervention, individual, group, and family therapy at the frequency and intensity necessary to meet the needs of the client to maintain stable placement in the community. Provision of more intensive services such as day treatment is optimal but not a required component of the array of services that must be provided directly by the Therapeutic Foster Care provider. Although a majority of the TFC providers already employed their own therapist, this requirement is designed to increase the consistency and quality of behavioral health services that our youth are provided while in TFC. The Therapeutic Foster Care provider must be able to submit a report of clinical services provided for each client as requested by the Division of Children and Family Services.

- **University of Arkansas for Medical Sciences (UAMS)** DCFS has partnered with UAMS for the collaboration of referrals, consultation, and communication with the Adolescent Sexual Adjustment Program (ASAP) and the Family Treatment Program (FTP). DCFS had identified a liaison in the Specialized Services Unit to aid field workers in the preparation of application packets for the above-named programs. DCFS recognized that we could impact placements of children with challenging behaviors due to sexually acting out or post-traumatic stress from sexual abuse for offenders, victims and family members. This involves providing children as well as adults experiencing post-traumatic stress from sexual abuse with the appropriate assessments, therapies, and treatment. The DCFS Specialized Services unit also works to educate staff statewide regarding DCFS policies and procedures for ASAP and FTP referrals and services.
- **University of Arkansas for Medical Sciences, Family and Preventive Medicine:** DCFS is working with the Department of Family and Preventive Medicine on two projects. The first project involves the implementation of the Baby and Me project in nine WIC clinics across the state. In addition, the Family and Preventive Medicine team is helping us to establish an evaluation protocol for the programs. Members of the team also serve on the Baby and Me Advisory board. The second joint project involves the implementation of a scripted presentation describing the Adverse Childhood Experiences (ACEs) study and the implications of the study for Arkansas. DCFS is working with UAMS to disseminate the presentation to members of the Arkansas ACEs and Resilience workgroup.
- **Youth Advisory Board:** Youth served by the foster care system provide representation on the Arkansas Youth Advisory Board (YAB). The YAB provides peer to peer support for other youth in care; develops training/workshops/conferences for transition aged youth;

and provides guidance to DCFS staff on behalf of transition aged youth as it relates to policy, programs, and normalcy.

The Youth Advisory Board is the voice of the rest of the youth in foster care throughout the state of Arkansas. A monthly meeting is held to discuss issues that may happen in their areas. Life skills classes are held each month in each area to give the youth that are not a part of the Youth Advisory Board a chance to express what is happening in their area/placement at the time. Each area holds a night that is specifically for the YAB member of that area to speak to the youth and the youth speaks back to them about different issues. From there, the YAB member brings that issue to the state YAB meeting held in Little Rock and discuss ways to help/or come up with a solution to the problem.

The YAB is incorporated in planning, policy initiatives, the annual Teen Leadership Conference, and other program development efforts. The results of the Division's National Youth in Transition Database (NYTD) Review Report was shared with the YAB and their feedback was solicited regarding how to respond to some of the recommendations in the report and NYTD Program Improvement Plan activities such as how to strengthen the language in NYTD Survey emails to their peers to increase participation and brainstorming other ways to encourage their peers to participate in the survey. The YAB was also asked for suggestions regarding goals, strategies, and activities designed to improve the Chafee Program over the next five years. One of the most resounding recommendations was to improve foster care recruitment and training so that more applicants are interested in fostering teenagers and not "scared" of taking in teenagers so that teens are not forced to stay in group homes.

- **Youth Justice Reform Board and Supreme Court Commission on Children and Families:** DCFS is an active member of the Youth Justice Reform Board: This Board was established by Act 1010 in 2015. Anne Wells, DCFS Assistant Director, Behavioral Health was appointed by the Governor to serve this role. Goals of the Board included:
 - Expansion of the array and capacity of community-based programs and services as alternatives to secure confinement and out of home placement;
 - Consistency in quality and types of services among various regions of the state – urban and rural, affluent and impoverished;
 - Training and implementation of evidence-based best practices in existing and future programs; Holistic approach to services encompassing the youth, family, and school to ensure adequate support;
 - Improved accessibility of mental health services and mental health first aid in rural communities;
 - Engagement of local school districts and the education system;
 - Coordination of services among multiple public and private service agencies.

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In 2017 the Youth Justice Reform Board joined with the Supreme Court Commission on Children and Families as a joint effort to coordinate similar efforts to reform the youth justice system. One result of this joint effort was the passage of the Juvenile Justice Reform Act which was passed by the legislature and signed by the Arkansas Governor in March 2019.

DCFS plans to continue to build upon its community partnerships and build the service array necessary to meet the needs of its population for individualized and community-based services and supports focused on safety, permanency, and well-being. DCFS recognizes that in order to have a true child and family services continuum, one entity cannot be responsible for meeting the needs of children and families. Rather, it is through true collaboration and partnerships that the Division coordinates and integrates into other services to prevent child abuse and neglect as well as achieve positive outcomes for children and families who are within the child welfare system.

ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

CHILD AND FAMILY OUTCOMES: SFY 2018 AND SFY 2019* QSPR PERFORMANCE SYNOPSES

The SFY 2018 QSPR, the first complete annual case review since the Round 3 CFSR to utilize the approved methodology change, including cases randomly selected from the same three counties per service area as the CFSR, was conducted from September 2017 to September 2018 (no reviews were conducted in February or August to balance the 10 service areas over the 12-month period). The SFY 2019 QSPR followed the same methodology and county selection but began in September 2018 and reviews in all ten service areas will not be completed until September 2019. *The results for SFY 2019 discussed anecdotally herein are the straight averages of the combined scores from the first five service areas (100 total cases) reviewed (September 2018 – January 2019), and will be updated after the completion of the reviews in the remaining five services areas.

SAFETY OUTCOME 1

	<i>*SFY 2019 QSPR</i>	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>
Safety 1: Children are first and foremost protected from abuse and neglect (*N = SFY 2018)	86%	76%	69%
ITEM 1: Timeliness of investigations (N=100)	86%	76%	69%

Timeliness of Initiating Investigations

Reports of abuse and/or neglect were received during the twelve-month period under review in 100 of the cases reviewed for the SFY 2018 QSPR. Caseworkers initiated the investigations within the State mandated timeframes in 76 percent of these cases, a seven-percentage point increase from the Round 3 CFSR. No area achieved substantial conformity with the initiation measure during the SFY 2018 QSPR. The state continued to show a trend of improved performance on Safety Outcome 1 in the first five service areas (100 cases) reviewed in the SFY 2019 QSPR, with a 17-percentage point increase from performance on the Round 3 CFSR, and

a ten-percentage point increase over the SFY 2018 QSPR, although again no area to date achieved substantial conformity with the initiation measure.

Arkansas recently agreed to use QSPR case review data for PIP measurement of this outcome rather than aggregate data. PIP activities to implement teaming strategies in lower performing service areas are reflected in the State meeting the improvement goal set based on Round 3 CFSR results in SFY 2018. Additionally, data from the SACWIS and monthly reporting system supports the State's improvement in initiating investigations timely since the Round 3 CFSR.

SAFETY OUTCOME 2

	<i>*SFY 2019 QSPR</i>	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>
Safety 2: Children are safely maintained in their homes whenever possible and appropriate (*N = SFY 2018)	85%	70%	60%
Item 2: Services to Prevent Removal (N=52)	96%	75%	55%
Item 3: Risk and Safety Assessment and Management (N=200)	85%	71%	61%

Services to Prevent Removal

DCFS provided the necessary services to prevent children from entering foster care in 75 percent of the reviewed cases in the SFY 2018 QSPR, and in 96% of reviewed cases in the first half of the SFY 2019 QSPR. The State's performance for this item has significantly improved since the Round 3 CFSR with an increase of 20 percentage points noted in the SFY 2018.

While Arkansas has demonstrated continued improvement in performance on both Safety Outcome 1 and Safety Outcome 2 from the Round 3 CFSR, and has met PIP item performance goals, the State has yet to achieve substantial conformity for either Safety Outcome.

Assessing and Addressing Risk and Safety Concerns

During SFY 2018, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in more than a quarter of the reviewed cases (29

percent). The deficient ratings once again stemmed from problems with conducting ongoing assessments of risk and safety and with safety management due to sparse caseworker visitation with families, as previously identified through root cause analysis of case review data. Regardless of whether children remain in the family home or enter foster care, DCFS is required to assess and address risk and safety concerns for children receiving services, and the Round 3 CFSR identified the lack of ongoing assessments were more of an issue with in-home services cases than foster care cases. Despite a ten-percentage point improvement in performance in the SFY 2018 QSPR over Round 3 of the CFSR, and a 24-percentage point improvement in the first half of the SFY 2019 QSPR, continued improvement is warranted, and current strategies and activities should be continued even though PIP improvement goals were met. Root cause analysis of the SFY 2018 QSPR showed that additional staff positions, strategies to decrease staff turnover and a focus on prevention work helped to close the gap between deficiencies in foster care and in-home services cases reviewed.

PERMANENCY OUTCOME 1

	<i>*SFY 2019 QSPR</i>	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>
Permanency 1: Children have permanency and stability in their living situations (N=120, for SFY 2018 and CFSR, N=60 for SFY 2019)	43%	46%	36%
Item 4: Stability of Foster Care Placement (N=120)	73%	75%	70%
Item 5: Permanency Goal for Child (N=120)	70%	72%	64%
Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=120)	73%	69%	58%

Placement Stability

Children are considered to experience stability if their current placement (or last placement before exiting care) is stable and any moves they have made during the twelve-month period under review have been planned and designed either to achieve case goals or better meet their needs. The SFY 2018 QSPR saw a five-percentage point increase in placement stability from the Round 3 CFSR, indicative of the State's continued efforts to recruit foster parents, including relative foster parents. However, one-quarter of the reviewed cases (25 percent) were rated as deficient on this measure during the SFY 2018 QSPR. While some of the deficient cases were deficient because the children's current placement was not stable (e.g., the use of temporary

shelters), most of the deficiencies resulted from placement changes that were not planned by the Agency. In these cases, children were placed in accommodations not equipped to meet their needs or deal with their challenging behaviors, largely due to the continued shortage of resource families in Arkansas. Many requests for a placement change came from the placement providers, and often workers did not make efforts to stabilize the placement (offer respite or other suggestions to manage needs) for fear of losing a resource family altogether.

As stated previously, case reviews in only the first five services areas (one-half) for the SFY 2019 QSPR have been finalized and included in this document, indicating a slight two percentage point decrease in placement stability from the SFY 2018 QSPR, and a three-percentage point increase over the Round 3 CFSR. It is possible that once the SFY 2019 QSPR is completed, it will also demonstrate improved performance over the SFY 2018 QSPR, as the State continues to see an increase in relative placement, which in turn increases placement stability as noted in the IV-E Waiver Evaluation. It should be noted that neither the SFY 2018 QSPR nor the SFY 2019 to date meet the PIP performance goal of 76.2 percent for placement stability, deficient by just 1.2 percentage points and 3.2 percentage points respectively. This is one of only two PIP performance goals not met during the SFY 2018 QSPR.

Round 3 CFSR Data Indicator: Placement Stability			
Indicator	Performance	NS	Status
Placement stability	8.52	4.44	<i>Not Met</i>

*Arkansas's issues with placement stability were also reflected in the State's Round 3 CFSR Data Profile. The permanency indicator related to placement stability showed a rate of 8.52 placement moves as of December 15, 2016 compared to the national standard (NS) of 4.44 placement moves.

Timely and Appropriate Permanency Goals

The permanency goals in 72 percent of the reviewed foster care cases in the SFY 2018 QSPR were appropriate and established on time. The State's performance on this measure shows an eight-percentage point improvement from the Round 3 CFSR and meets the PIP performance goal established using the Round 3 CFSR as a baseline. At the half-way point, the SFY 2019 QSPR demonstrates a six-percentage point improvement from the Round 3 CFSR, but a slight

two percentage point decrease from the SFY 2018 QSPR. Anecdotal information gathered from interviews during the case review process confirms most adjudication and permanency court hearings are held timely across the State, and participants continue to make efforts to work collaboratively with the Court system.

Efforts to Achieve Permanency Goals

Appropriate legal and relational permanence should be achieved as timely as possible once a child enters foster care. Insufficient efforts were made to achieve permanency goals in almost one-third of the reviewed cases (31 percent) during SFY 2018. The Agency continued to struggle the most with achieving adoption in a timely manner, whether the sole or concurrent permanency goal. Many of the deficiencies involved failure to prepare adoption paperwork and subsidy requests timely; systemic issues such as multiple continuations of termination hearings and a lengthy, often-used appeal process were also noted. Other deficiencies were the result of a lack of concerted efforts to achieve reunification, often by not concurrently providing services to both parents.

To date, the SFY 2019 QSPR shows improved performance over both the SFY 2018 QSPR and the Round 3 CFSR. Case reviews have been finalized in the first five service areas, and sufficient efforts to achieve permanency goals have been made in almost three-quarters (73 percent) of the 60 foster care cases reviewed. As in the SFY 2018 QSPR, deficiencies were largely due to systemic issues related to achieving adoption timely, including delays in filing termination petitions and continued termination hearings resulting from a lack of proper notice/service to parents. Strategies such as revised Adoption Unit procedures and Rapid Permanency Reviews have helped to address procedural delays to timely adoptions, it is evident there are still systemic barriers to address in collaboration with other systems. Meanwhile Arkansas has met the PIP item performance goal for efforts to achieve permanency for children in care but is still not in substantial conformity with Permanency Outcome 1.

Round 3 CFSR Data Indicators: Permanency in 12 Months			
Indicator	Performance	NS	Status
Permanency in 12 months (entries)	55.5%	42.1%	<i>Met</i>
Permanency in 12 months (12-23 mos.)	57.7%	45.9%	<i>Met</i>
Permanency in 12 months (24+ mos.)	29.5%	31.8%	<i>Not Met</i>

The Round 3 CFSR Data Profile underscored Arkansas's relative success in moving children to permanency when they were in foster care for less than 24 months. The state met or exceeded the national standard for discharging children in foster care to permanency within two of the twelve-month periods being examined for length of stay. However, Arkansas did not meet the national standard for children in care 24 months and longer, possibly another example of the State's struggle with achieving adoption timely.

PERMANENCY OUTCOME 2

	<i>*SFY 2019 QSPR</i>	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>
Permanency 2: The continuity of family relationships and connections is preserved for children (*N= SFY 2018)	80%	65%	43%
Item 7: Placement with Siblings (N=84)	71%	68%	47%
Item 8: Visiting with Parents and Siblings in Foster Care (N=94)	86%	85%	64%
Item 9: Preserving Connections (N=118)	71%	67%	49%
Item 10: Relative Placement (N=119)	93%	82%	70%
Item 11: Relationship of Child in Care with Parents (N=88)	60%	33%	48%

Placement with Siblings

For the SFY 2018 QSPR, eighty-four of the reviewed foster care cases included sibling groups. Sufficient efforts were not made to ensure that the siblings were placed together in a little more than one-third of these cases (32 percent). Caseworkers either did not attempt or were unable to locate placement resources capable of accommodating all siblings in the deficient cases. Due to the shortage of resource families in Arkansas, the children in several of the deficient cases were placed where beds were available as opposed to placements best suited to meet their individual needs. There was also not enough effort put into reuniting siblings once they were initially separated, and one sibling's stability and positive adjustment to their placement was often cited as the reason. The SFY 2018 QSPR did note an improvement in the practice of

placing larger sibling groups in as few separate placements as possible, when no one placement could accommodate the entire group, and the SFY 2018 QSPR demonstrated a significant 21 percentage point increase over the Round 3 CFSR. Currently, the SFY 2019 QSPR notes a 24-percentage point increase over the Round 3 CFSR which is also a three-percentage point increase from the SFY 2018 QSPR, with only 38 cases with sibling groups reviewed in the first five service areas.

Visitation between Foster Children and Their Parents and Siblings

In building on its success in placing children in foster care in settings close to their parents, Arkansas continues to improve its performance around ensuring that children can visit with their parents and siblings. The SFY 2018 QSPR marked the second consecutive year of gains from the Round 3 CFSR and the State's best showing on the parent-child visitation measure to date; the SFY 2019 QSPR is on track to continue the upward trend in performance on this item. Even so, sufficient efforts were not made to ensure adequate visitation between foster children and their birth families in roughly one-sixth of the applicable cases in the SFY 2018 QSPR and the first half of the SFY 2019 QSPR. Continued efforts are still needed across the State; especially regarding ensuring babies have sufficient visitation to encourage bonding and attachment (i.e., more than weekly). Some of the deficient ratings stemmed from a lack of visitation between the target children and their parents, but issues were also identified with insufficient visitation between siblings who were not placed together (often in separate counties). Arkansas believes that face-to-face visitation is indispensable in promoting the continuity of the children's relationships with family members, so caseworkers must continue work to exploit the children's proximity to their parents to facilitate frequent, quality visitation. This will increase the chances of family reunification and subsequently decrease the need for continued placement outside of the home.

Preserving Important Connections

Children form important bonds outside of their immediate families. They may have significant connections to their extended family, community, neighborhood, faith, school and/or friends. Sufficient efforts were not made to maintain these important connections in one-third of the reviewed cases (33 percent) in the SFY 2018 QSPR; however, this is an eighteen-percentage point increase from the Round 3 CFSR. Some of the deficiencies resulted from children not being allowed to visit and/or maintain contact with extended family members with whom they had a connection prior to entering foster care, further exacerbated when the children were also placed outside of their home counties. In many instances, the caseworkers did not put forth any extra effort to promote or facilitate possible familial connections for the children. This measure

is typically a struggle for most service areas, but the first half of the SFY 2019 QSPR continues the positive trend demonstrated in the SFY 2018 with a 22-percentage point increase from the Round 3 CFSR.

Relative Placement

Best practice dictates that relatives are the preferred placement option for children who cannot safely remain with their parents. Placing children with family members helps to mitigate some of the trauma they experience when entering foster care, and relatives provide emotional supports for children and help promote the reunification process as well as other important connections, including their critical ethnic, cultural and community ties. During the SFY 2018 QSPR, DCFS effectively worked to identify, locate and evaluate potential relative placements and place foster children in those homes when appropriate in 82 percent of the applicable cases, which is a twelve-percentage point increase over the Round 3 CFSR. This performance improvement is likely attributable to a shift in policy to encourage and facilitate ongoing efforts to identify both paternal and maternal relatives and to streamline the process for quicker placement once relatives are identified. This policy shift and streamlined process continue to have a positive impact on the five service areas reviewed to date during the SFY 2019 QSPR, as sufficient efforts were made to place children with relatives when appropriate in 93 percent of the applicable cases, a 23-percentage point increase over the Round 3 CFSR.

Relationship of Children in Care with Their Parents

DCFS must work to provide efforts beyond visits to promote and support positive relationships between children in foster care and their parents. Parents should be allowed to participate in their child's life events such as school conferences and programs, sports events or medical appointments or family therapy whenever appropriate and possible. The Division continues to struggle with this measure, and in the 2018 round of reviews sufficient efforts were not demonstrated in two-thirds of the reviewed cases (67 percent). This represents a 15 percent decrease from the Round 3 CFSR. In fact, this is one of only two item measures where there was a decrease in performance over the Round 3 CFSR (Item 17 being the other). As in past reviews, a significant number of deficiencies resulted from the Agency's lack of contact with and engagement of parents. While family visits were provided between the children and their parents in most of the deficient cases, efforts to promote additional connections were not found, let alone extra efforts made to support bonding.

The first five services areas reviewed for the SFY 2019 QSPR reflect improvement, with sufficient efforts to promote additional contact found in 60 percent of applicable cases. However,

anecdotal information learned during the SFY 2019 QSPR notes that deficiencies are found in both relative and non-relative placements, with relatives often reporting that they were not informed that parents could attend doctor's appointments or school events when appropriate; these additional opportunities for bonding were not pursued for fear of jeopardizing the placement.

Despite improvement from the Round 3 CFSR on most item measures, Arkansas was still not in substantial conformity with Permanency Outcome 2 as of the SFY 2018 QSPR.

WELL-BEING OUTCOME 1

	<i>SFY 2019 QSPR</i>	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>
Well-Being 1: Families have enhanced capacity to provide for their children's needs *(N= SFY 2018)	61%	51%	39%
Item 12: Needs and Services of Child, Parents and Foster Parents (N=200)	64%	57%	43%
Item 13: Child and Family Involvement in Case Planning (N=186)	77%	69%	51%
Item 14: Caseworker Visits with Child (N=200)	85%	67%	64%
Item 15: Caseworker Visits with Parents (N=171)	58%	58%	48%

Effectively Assessing and Attending to the Service Needs of Families

To successfully mitigate the challenges that bring families into contact with the Division, their strengths, needs and resources must be competently assessed. That assessment must then guide the development of the case plan and inform the specific interventions that will be utilized to assist families. DCFS did not properly assess the needs of and/or provide appropriate services to children and families in a little less than one-half of the reviewed cases (43 percent) during SFY 2018. While this was an eight percent increase over the Round 3 CFSR, the same systemic factors such as staff turnover and unavailable services were once again noted as the underlying

causes of deficiencies. The SFY 2019 QSPR is still in progress, with five of the ten service areas reviewed at this time, but improved performance is noted with a six-percentage point increase over the SFY 2018 QSPR, and a 21-percentage point increase over the Round 3 CFSR.

In all three reviews noted above, the State did a better job of assessing and addressing the needs of children than their parents, in both foster care and in-home cases. During the SFY 2018 QSPR, accurate ongoing assessments of parents' needs were made at a higher rate than services were provided to address those identified needs. The primary reason for deficiencies was two-fold: lack of ongoing contact by caseworkers or caseworker continuity to conduct assessments and monitor parental engagement in services, and ongoing systemic factors with service array and providers. Anecdotal information learned in the first half of the SFY 2019 QSPR has indicated continued issues with lack of available or convenient services and major changes in service providers, predictably in the more rural service areas. Qualitative data gathered during both the SFY 2018 and 2019 (to date) QSPRs also noted lack of discussion about case and service status during caseworker transitions (i.e., caseworker turnover) and lack of monitoring of engagement in services (a result of lack of consistent staff contact) as possible influences on the performance gap between ongoing assessment of needs and provision of services to address those identified needs. This root cause analysis of performance on the sub-items of the Item 12 measure support the strategies chosen to address the cross-cutting systemic challenges in all family engagement measures for the State. The impact of some of these strategies and activities, such as the use of Permanency Safety Consults to locate and engage fathers, are being seen in the improved scores for assessing and addressing the needs of fathers in all case types in the first half of the SFY 2019 QSPR.

NEEDS ASSESSMENT AND SERVICES TO PARENTS, BY CASE TYPE

<i>Item 12B</i>	<i>SFY19</i>		<i>SFY18</i>		<i>CFSR (Baseline)</i>	
	IH	FC	IH	FC	IH	FC
<i>Assess Mothers</i>	88%	89%	81%	80%	65%	65%
<i>Services to Mothers</i>	63%	88%	67%	71%	60%	61%

Assess Fathers	94%	84%	67%	73%	49%	45%
Services to Fathers	61%	81%	51%	71%	32%	50%
Both Assess/Provide to Mothers	65%	82%	67%	69%	56%	60%
Both Assess/Provide to Fathers	77%	80%	60%	70%	44%	45%

While the performance goal was met for the combined Item 12 measure in both the SFY 2018 QSPR and the first half of the SFY 2019 QSPR, further emphasis on improvement is warranted, since thoroughly assessing and addressing the needs of children and families is vital to successful outcomes and impacts several other family engagement measures.

Engaging Children and Families in Case Planning

Children and/or their parents were excluded from the case planning process in nearly one-third of the reviewed cases (31 percent) during SFY 2018, and slightly less than a quarter (23 percent) in the first half of the SFY 2019. While this is an eighteen and twenty-eight percentage point improvement respectively in performance from the Round 3 CFSR, there is room for more improvement. During the 2018 round of reviews, there were more instances of all family members being left out of the process due to lack of contact, as opposed to the exclusion of a singular family member (typically fathers or incarcerated parents) noted in past reviews. Additionally, inconsistent contact between caseworkers and clients prevented meaningful family engagement in many of the deficient cases, which in turn resulted in cases staying open much longer than necessary. The SFY 2019 QSPR to date has noted improved efforts to bring all applicable family members to the table for case planning activities, while deficiencies appear to stem from poor communication regarding the status of referrals and services during the transition between assigned primary workers. Qualitative data gathered during the SFY 2019 QSPR thus far also noted several instances of “mandated” services that did not align with formal

CANS/FAST assessments and caseworkers were unable to rationalize to parents. Reviewers have begun taking a closer look at the formal need assessments and their utilization in case planning during the SFY 2019 QSPR to provide additional feedback on the impact of identified activities to improve quality engagement for families.

Caseworker Visitation with Children and Their Parents

Frequent, quality caseworker visitation is the cornerstone of effective practice in child welfare from which all other practice builds. It is through such contact that caseworkers may engage families to successfully assess risk, safety, strengths, needs and resources and work with them to strengthen parental capacity. When these important interactions do not occur, the Agency cannot ensure children's safety, permanency and well-being or work with families on the achievement of their case goals. During the SFY 2018 QSPR, children did not receive frequent, substantive caseworker visits in one-third of the reviewed cases (33 percent), while caseworkers failed to provide parents with sufficient visits in almost half of the reviewed cases (42 percent). There was more disparity between the frequencies of visits in foster care versus in-home cases for children and fathers than mothers, but little disparity in quality of visits between case types. The SFY 2018 QSPR did see some improvement over the Round 3 CFSR for these two measures, both of which have remained low over the last few years as Arkansas has struggled with staff turnover issues. The State met the performance goal for caseworker visits with parents on the SFY 2018 QSPR but was two percentage points shy of reaching the 69 percent goal for caseworker visits with children.

The first half of the SFY 2019 QSPR has shown an 18-percentage point increase in caseworker visits with children over the SFY 2018 QSPR, while frequent, quality caseworker visits with parents were again made in just over half (58 percent) of reviewed cases, consistent with the SFY 2018 QSPR. Arkansas is on track to meet performance goals on all Well-Being Outcome 1 measures during the SFY 2019 QSPR.

CASEWORKER VISITS WITH CHILDREN AND PARENTS, BY CASE TYPE

CASEWORKER VISITS WITH:	*SFY19		SFY18		CFSR (Baseline)	
	IH	FC	IH	FC	IH	FC
CHILDREN:						
Frequency	90%	93%	67%	83%	62%	83%
Quality	95%	90%	79%	82%	71%	78%
MOTHERS:						
Frequency	80%	81%	71%	71%	61%	66%
Quality	65%	81%	78%	82%	48%	72%
FATHERS:						
Frequency	89%	68%	57%	72%	48%	54%
Quality	78%	73%	65%	83%	64%	59%

During the SFY 2018 QSPR, deficiencies were the result of a combination of issues with infrequent caseworker contact with children and parents as well as poor-quality communication during the completed visits. As noted in previous items, caseworker contact with clients was too inconsistent or sporadic in most of the cases rated as being deficient, and many of the contacts that did occur were brief and not sufficiently focused on all pertinent issues. The reviewers found that some of the children were not spoken with privately and that the length and location of some of the visits was inappropriate, e.g., very brief conversations and visits outside of the home/placement; the same issues were noted with parents, with some visits taking place in the hall after a visitation or court. Caseworkers also failed to focus on issues pertinent to case planning, service delivery and goal achievement during contacts with families in some of the

deficient cases. The lack of ongoing, substantive contact with families often resulted in in-home cases being left open far longer than needed (i.e., no lingering risk/safety issues or service needs) or permanency being delayed in foster care cases.

The SFY 2019 QSPR to date has shown improved performance in both the frequency and quality of caseworker visits with children, with little disparity between foster care vs. in-home cases. However, the frequency of caseworker visits with fathers in foster care cases was 21 percentage points lower than in-home cases, and there was a significant gap between the frequency and quality of caseworker visits with both parents for in-home cases. These deficiencies are likely tied to the insufficient monitoring of service engagement and provision due to poor communication during caseworker transition noted in Item 12. Strategies such as monthly supervisory case consultations aim to improve communication regarding case/service status during staff transitions and enhance the quality of family engagement.

The State's performance in practice related to providing frequent, quality caseworker visits to children and families to effectively tend to their needs has improved significantly from the Round 3 CFSR, but Arkansas has yet to achieve substantial conformity with Well-Being Outcome 1.

WELL-BEING OUTCOME 2

	<i>SFY 2019 QSPR</i>	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>
Well-Being 2: Children receive appropriate services to meet their educational needs (N=107 *Based on SFY 2018)	94%	93%	85%
Item 16: Educational Needs of the Child (N=107)	94%	93%	85%

Educational Needs of Children

Staff did well in assessing and addressing the educational needs of children involved with the Division in both the SFY 2018 QSPR, ensuring the provision of appropriate services in 93 percent of the reviewed cases; this is similar to performance on the first half of the SFY 2019

QSPR, where appropriate services have been provided in 94 percent of reviewed cases, just two percentage points shy of substantial conformity of Well-Being Outcome 2. Performance has continued to improve on this measure from the Round 3 CFSR.

WELL-BEING OUTCOME 3

	SFY 2019 QSPR	SFY 2018 QSPR	Round 3 CFSR
Well-Being 3: Children receive adequate services to meet their physical and mental health needs (*N= SFY 2018)	72%	73%	66%
Item 17: Physical Health of the Child (N=145)	76%	79%	81%
Item 18: Mental/Behavioral Health of the Child (N=88)	80%	77%	68%

Physical and Dental Health Needs of Children

Arkansas put forth sufficient effort to assess and address the physical and dental health needs of children involved with the Division in 79 percent of the applicable cases during the SFY 2018 QSPR, and 76 percent of the applicable cases in the SFY 2019 QSPR. Arkansas's performance declined by two percent in the SFY 2018 QSPR over both the Round 3 CFSR, and the first half of the SFY 2019 QSPR indicates a five-percentage point decline. Many deficiencies in the SFY 2018 QSPR involved a failure to assess and address children's dental health needs in applicable cases, including those of infants and toddlers, as recommended by the Academy of Pediatric Dentists. Deficiencies noted to date in the SFY 2019 QSPR also involve a failure to assess and address children's dental health needs, as well as delays in addressing children's physical health needs resulting from changes in placement counties necessitating the designation of new PCPs and new service referrals.

Mental and Behavioral Health Needs of Children

DCFS put forth sufficient efforts to assess and address the mental and behavioral health needs of children involved with the Division in 77 percent of the applicable cases during the SFY 2018 QSPR. Performance has continued to improve during the first half of the SFY 2019 QSPR, with

sufficient efforts being made in 80 percent of the applicable cases reviewed. Arkansas's performance on this measure improved in the SFY 2018 QSPR by nine percentage points from the Round 3 of the CFSR, and 12 percentage points to date in the SFY 2019 QSPR. While the State has yet to reach substantial conformity on Well-Being Outcome 3, case review data reflects the cross-cutting impact on practice of strategies chosen to increase the frequency and quality of caseworker visits with children and families, which in turn leads to improved needs assessments and more targeted service provision. Anecdotal information learned during the first half of the SFY 2019 QSPR indicates field staff is becoming more cognizant of the connection between ongoing, substantive visits and needs assessments with children and families and overall well-being. As noted in the section above, the few deficiencies noted in assessing and addressing children's mental and behavioral health in the first half of the SFY 2019 QSPR are mostly due to systemic issues around continuing services or needing additional referrals after changing counties or catchment areas. Strategies to improve collaboration with other systems to address such issues are also included in the PIP.

SFY 2018 AND *SFY 2019 QSPR PERFORMANCE SYNOPSES

DCFS is charged with protecting victims of child maltreatment from further abuse and neglect. The Division must address initial safety concerns at the onset of the Agency's involvement with families and then assess and address risk and safety concerns throughout the life of their case. The SFY 2018 QSPR highlighted improved efforts toward prevention of removal and provision of needed services to protect children in their homes, as well as efforts to better assess and address initial risk and safety concerns, meeting all three safety-related PIP item measure performance goals during this round of case reviews. Despite these gains, infrequent caseworker visitation prevented the Division from effectively assessing and addressing risk and safety concerns on an on-going basis in several of the reviewed foster care and in-home cases. For those children who cannot safely remain with their families, DCFS must provide them with safe and stable living arrangements, while also working to sustain their important connections and help them attain permanency in the shortest amount of time possible. The first half of the SFY 2019 QSPR noted even further improvement. During the SFY 2018 QSPR, the State struggled to maintain children in stable placements, and did not meet the PIP item measure performance goal for placement stability by a little over one percentage point (1.2 percent); however, performance goals were met for the remaining two item measures within Permanency Outcome 1. As for Permanency Outcome 2, Arkansas continued to face challenges to preserve children's important connections and support the relationship between the children and their parents through efforts beyond visitation alone in the SFY 2018 QSPR. Further, infrequent caseworker visits continued to prevent the Agency from properly assessing and addressing the needs of children, impacting substantial conformity with overall well-being outcomes. The first

half of the SFY 2019 QSPR indicated further improvement in safety-related practice performance; it also reflects the State's continued struggle with placement stability and other permanency items, notably a slight decrease in collaborative efforts to establish timely and appropriate permanency goals in foster care cases.

In addition to ensuring children's safety and fostering permanent connections for children placed in care, DCFS must tend to their physical, mental health and educational needs as well as any other needs impacting their overall well-being. Well-Being Outcome 1 is made up of several item measures focused on the frequency and quality of caseworker visits with children and families, as well as efforts to engage families in case planning to better assess and address their needs. The SFY 2018 QSPR indicated that infrequent contact from caseworkers often prevented the State from properly assessing and addressing the needs of children and families and from engaging them in on-going case planning. While performance on all Well-Being Outcome 1 item measures has improved from the Round 3 CFSR, insufficient caseworker visitation with both children and parents, especially for in-home cases, continued to be a challenge in SFY 2018, preventing larger performance gains. Caseworkers were not in clients' homes often enough and therefore could not sufficiently carry out many of their assigned responsibilities. Since they were not frequently visiting with families, the caseworkers were unable to properly assess strengths, needs, risk or safety, nor develop meaningful case plans or arrange for needed services to guide and monitor case progression. Several strategies designed to help reduce staff turnover and improve retention have been initiated, but it will take time for their impact to be reflected in case reviews; consequently, the State fell two percentage points shy of meeting the item performance goal related to caseworker visits with children during the SFY 2018 QSPR. Arkansas has met the performance goal for caseworker visits with children in the first half of the SFY 2019 QSPR, however.

Arkansas has made some strides to make casework more family-centered since the Round 3 CFSR, and the effects of these efforts were reflected in several other item measures and outcomes in both the SFY 2018 QSPR and first half of the SFY 2019 QSPR. Increased efforts to engage families in case planning led to improvement on this performance measure in both rounds of reviews; however, continued improvement is warranted. Some families are still not adequately engaged in ongoing decision-making concerning their cases, in both in-home and foster care cases. Caseworkers and Supervisors tend to make unilateral decisions about the cases, failing to recognize that families are essential to service planning. Family-centered practice begins with the assessment process, which forms the foundation of effective practice with children and families. Assessments should focus on the whole family, and family participation is critical to the process. Assessments should help families identify their strengths

and needs and aid in the development of a case plan that assists them in caring for their own children without government intervention. Services should be tailored to best address the specific strengths and needs of individual families. Frequent, substantive communication between caseworkers and families will assist the families in achieving the goals and objectives outlined in their case plan and move them towards positive outcomes.

The 2018 and first half of the 2019 round of reviews underscored similar areas of challenge identified in previous reviews, but both also noted at least some improvement in performance from the Round 3 CFSR on all but one item measure (Item 17). As observed in previous reviews, many of the issues stemmed from infrequent, inconsequential contact between caseworkers and clients as most service areas continue to face fallout from caseworker turnover. In many county offices participating in the SFY 2018 round of reviews, a significant number of the caseworkers interviewed had been on the job a year or less; the first half of the SFY 2019 QSPR has noted improved retention in the five service areas reviewed. To date, the SFY 2019 QSPR has also noted the impact of systemic issues such as turnover of Agency attorneys and changing service providers. In addition to a continued focus on consistent, statewide family-centered practice, efforts should be made to ensure the Court and other State Systems, as well as all service providers, join and support the strategies in the PIP to improve outcomes for all families in all service areas. The service areas differ in size, client population and service array, but the way the Division and other relevant systems serve clients should be as consistent as possible statewide.

Statewide QSPR/CFSR Comparisons (Round 3 CFSR – First Half of SFY 2019 QSPR)

*N based on SFY 2018

	<i>SFY 2019 QSPR</i>	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>
Safety 1: Children are, first and foremost, protected from abuse and neglect	86%	76%	69%
Item 1: Timeliness of Initiating Investigations (N=100)	86%	76%	69%
Safety 2: Children are safely maintained in their homes whenever possible and appropriate	85%	70%	60%
Item 2: Services to Prevent Removal (N=52)	96%	75%	55%
Item 3: Risk and Safety Assessment and Management (N=142)	85%	71%	61%
Permanency 1: Children have permanency and stability in their living situations	43%	46%	36%
Item 4: Stability of Foster Care Placement (N=120)	73%	75%	70%
Item 5: Permanency Goal for Child (N=120)	70%	72%	64%
Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=120)	73%	69%	58%
Permanency 2: The continuity of family relationships and connections is preserved for children	80%	65%	43%
Item 7: Placement with Siblings (N=84)	71%	68%	47%
Item 8: Visiting with Parents and Siblings in Foster Care (N=94)	86%	85%	64%
Item 9: Preserving Connections (N=118)	71%	67%	49%
Item 10: Relative Placement (N=119)	93%	82%	70%

Item 11: Relationship of Child in Care with Parents (N=88)	60%	33%	48%
Well-Being 1: Families have enhanced capacity to provide for their children's needs	61%	51%	39%
Item 12: Needs and Services of Child, Parents and Foster Parents (N=200)	64%	57%	43%
Item 13: Child and Family Involvement in Case Planning (N=186)	77%	69%	51%
Item 14: Caseworker Visits with Child (N=200)	85%	67%	64%
Item 15: Caseworker Visits with Parents (N=171)	58%	58%	48%
Well-Being 2: Children receive appropriate services to meet their educational needs	94%	93%	85%
Item 16: Educational Needs of the Child (N=107)	94%	93%	85%
Well-Being 3: Children receive adequate services to meet their physical and mental health needs	72%	73%	66%
Item 17: Physical Health of the Child (N=145)	76%	79%	81%
Item 18: Mental/Behavioral Health of the Child (N=88)	80%	77%	68%

SYSTEMIC FACTORS

Statewide Information System

DCFS has operated the **CH**ildren's **R**eporting and **I**nformation **S**ystem (CHRIS), Arkansas's statewide automated child welfare information system since 1997. CHRIS became SACWIS compliant in 2007. CHRIS is a fully longitudinal database that permits tracking of children from the time they enter the child welfare system through the time they leave the system. DCFS Policy I-D, Official Record Keeping and Access to Official Records, provides that CHRIS maintains "the official record of child welfare information for DCFS" (DCFS Policy and Procedures Manual, pg. 13).

The system supports the full scope of services provided by the Division and is available statewide and accessible to all county offices, and through remote access through a Virtual Private Network (VPN) connection for staff with laptops. Arkansas can readily identify the status, demographic characteristics, location and goals for the placement of every child who is (or has been within the immediately preceding twelve months) in foster care, and its SACWIS far exceeds the minimum functioning required for Statewide Information System.

The results from the AFCARS Frequency Utility support the data presented from the CHRIS Net management reports. The timeliness of data entry is expected to be monitored by supervisors, the field also receives an email reminder on the 7th day of each month, from the Assistant Director of Infrastructure and Specialized Programs, to complete all data entry for the prior month. The state's data management and analysis vendor, the National Council on Crime and Delinquency (NCCD), pulls 35 items from CHRIS each month to complete the Compliance Outcome Report.

CHRIS serves as a centralized source to store information (e.g., client, legal and service information) and manage workloads (e.g., its tickler system for reminding workers/supervisors of time sensitive tasks). It is also the source of DCFS' state and federal reporting, including DCFS management reports and the reporting required for the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), the National Youth in Transition Database (NYTD) and the federal caseworker visits reports. The information stored within CHRIS is available to the system's users 24 hours a day / seven days a week / 365 days per year (save for brief downtimes required for system maintenance).

CHRIS provides data/information that identifies the 1.) status, 2.) demographic characteristics, 3.) location and 4.) permanency goal(s) for children in foster care (and children previously in care). The child's race, ethnicity, and gender are mandatory fields that must be documented within CHRIS for staff to move to the next screen. Other than demographics, information such as status, location and permanency goal can change, for example, if a case starts out as protective services and subsequently the child is taken into custody.

Staff may immediately access any of this important information for any child by going to the corresponding client- and case-specific screens in CHRIS. This information may also be easily aggregated and reported by the SACWIS by county, service area and statewide. The following management reports demonstrate the types of data readily available to CHRIS users (through CHRIS Net) regarding the combined demographics of children in care by DCFS service area:

- *Current Foster Care Children by Gender and Area of Removal*
- *Current Foster Care Children by Race/Ethnicity and Area of Removal*
- *Current Foster Care Children by Age and Area of Removal*

Along with demographic information, the SACWIS provides data related to permanency goals and placement settings (children's physical locations) by individual child and jurisdiction. The following are examples of the types of management reports immediately available to CHRIS users (via CHRIS Net) concerning the goals for and placements of children in care:

- *Current Foster Care Children with Last & Next Hearing Dates & Case Plan Goals*
- *Foster Children with Case Plan Goal and Length of Stay - Filtered by Case Plan Goal - All Counties*
- *Foster Care Children by Latest Placement*
- *Foster Care Clients with Current Placement Type by County*

These and similar reports are generated by the user as of a point in time, and the data tables from which these reports are created are refreshed/updated daily to provide users with current information. This information is also amassed by National Council on Crime and Delinquency (NCCD), DCFS' quality assurance vendor, at regular intervals for reporting and oversight. For example, this information is reported to the Legislature and Governor's Office on a quarterly and annual basis through the *Quarterly Performance Reports* and *Annual Report Cards*. NCCD will flag errors when it sees them and attempt to make adjustments, when feasible, to address them in its analyses. However, DCFS is not aware of a structured process to verify the reports and make corrections when errors are noted.

Arkansas does, however, have management reports available through CHRIS Net which are useful in monitoring the quality of this important information. It is through these reports that the State's success in identifying errors in these data points may be determined. The *AFCARS*

Foster Care Data Compliance Summary Report covers the current AFCARS reporting period and is grouped and summarized by Data Element. It describes the degree to which the foster care reporting data to be submitted by the State does not meet the AFCARS standards specified in 45 CFR 1355.40. A parallel report, the *AFCARS Adoption Data Compliance Summary Report*, is also available for the adoption reporting data for the current AFCARS reporting period. Both of these reports indicate that the statewide information system is functioning such that it can readily identify the status, demographic characteristics, location and goals for the placement of every child in foster care.

CHRIS Net also provides management reports that look at missing information, e.g., AFCARS errors, in individual cases. The *AFCARS Foster Care Error Report – Open and Closed Cases* lists all AFCARS foster care errors for the current reporting period for both open and closed cases by service area, county and primary caseworker. As errors are corrected (if they can be corrected), they are dropped from the report, thereby allowing supervisors and program staff to use these reports as management tools to ensure that the appropriate data is documented within the SACWIS. Another example involves the *Current Foster Care Children with No Current Open Placement* management report which identifies children currently in foster care with no placement documented in CHRIS. Each Area has its own process for following up and correcting the data, but most area directors use their area coordinators to follow up with specific county offices, supervisors, and caseworkers.

Beyond the State's management reports, the AFCARS Frequency Report Utility provided by the Children's Bureau is useful for assessing Arkansas's success at identifying the required data points for each child in foster care. The utility produces a Frequency Report from the AFCARS data file displaying the number, or frequency, of children's records for each type of response reported for each Data Element. The report also includes what percentage each frequency is of all the actual responses. By reviewing the frequency responses to particular data elements, the degree to which CHRIS captures the status, demographic characteristics, location and goals of children in care may be determined.

Arkansas will be transitioning to a new Comprehensive Child Welfare Information System (CCWIS). DCFS is currently in the process of developing the standards for the new system so Requests for Proposals can be sent out to identify potential vendors. After a vendor has been selected for the project, the contract will begin April 1, 2020. It is estimated that it will take three to five years to transition the current SACWIS system to the new CCWIS system. The new

CCWIS system will also include reports that can be pulled from the information entered into the system by the frontline workers.

In addition to transitioning to a new computer system, DCFS has also contracted with two new providers to use the information that is being entered in the CHRIS system. Deloitte provides technical assistance and makes enhancements to the current CHRIS system as requested by the Division. Starting in November 2018 Deloitte set up a series of dashboards that can be used by Area Directors, Program Administrators, County Supervisors, and Investigation and DR Supervisors in the field to monitor ongoing work by their staff. These dashboards show an overview of reports coming into the hotline and associated allegations as well as timeliness of initiations.

The Division has also contracted with the National Council on Crime and Delinquency (NCCD) for reporting of the information entered in the CHRIS system. NCCD is also working with the division to develop a series of dashboards called SafeMeasures that will help workers manage their caseload. These dashboards will refresh daily so the information being presented is real time data. SafeMeasures is a web-based reporting service that transforms case management data into actionable information. Agency staff will use SafeMeasures reports and dashboards to monitor performance, plan upcoming work, and review completed work.

Case Review System

Case Planning

Arkansas uses the QSPR case reviews to assess the current functioning of the case review systemic factor. Results of QSPR reviews from the baseline scores obtained during the CFSR and the subsequent reviews conducted in SFY 2018 and ongoing in SFY 2019 have shown steady improvement. As stated previously in the Child and Family Outcomes section, children and/or their parents were excluded from the case planning process in nearly one-third of the reviewed cases (31 percent) during SFY 2018, and slightly less than a quarter (23 percent) in the first half of the SFY 2019. While this is an eighteen and twenty-eight percentage point improvement, respectively, in performance from the Round 3 CFSR, there is room for more improvement. During the 2018 round of reviews, there were more instances of all family members being left out of the process due to lack of contact, as opposed to the exclusion of a singular family member (typically fathers or incarcerated parents) noted in past reviews. Additionally, inconsistent contact between caseworkers and clients prevented meaningful family engagement in many of the deficient cases, which in turn resulted in cases staying open much longer than necessary. The SFY 2019 QSPR to date has noted improved efforts to bring all

applicable family members to the table for case planning activities, while deficiencies appear to stem from poor communication regarding the status of referrals and services during the transition between assigned primary workers. Qualitative data gathered during the SFY 2019 QSPR thus far also noted several instances of “mandated” services that did not align with formal CANS/FAST assessments and caseworkers were unable to rationalize to parents. Reviewers have begun taking a closer look at the formal need assessments and their utilization in case planning during the SFY 2019 QSPR to provide additional feedback on the impact of identified activities to improve quality engagement for families.

In preparation for completing the Child and Family Services Review (CFSR) Program Improvement Plan (PIP), a comprehensive analysis of the State’s performance was conducted to determine the root causes of areas needing improvement and then development of goals and strategies to achieve the desired improvements. During the analysis process multiple focus groups were held with staff and supervisors. These groups strongly identified difficulty engaging families and having meaningful conversations during visits (developing trust, building relationships, gathering truthful information) as a primary barrier to comprehensive assessment, and that time/workload constraints make that more difficult.

The Division currently uses the CANS tool to guide assessments in foster care cases, and the FAST tool in PS (in-home) cases. During interviews for the IVE Waiver Evaluation, roughly 40 percent of agency staff report that the CANS/FAST assessments help to engage the family, provide better case planning, and identify the children(s)’ or families’ needs and strengths. However, staff interviewed for the IVE Waiver Evaluation also report that the assessment is too difficult for new workers to implement with fidelity -- which is an issue given the high turnover rate for caseworkers – and in focus groups conducted for the CFSR PIP, staff reported that the CANS is difficult to use and results in “cookie cutter” assessments. However, preliminary data from CANS/FAST reviews indicates that when quality use of the CANS and FAST assessments occurs, it is correlated with higher proportions of identified needs being met with aligned services, and those services being received within six months of the assessment. Also noteworthy: a pilot in one area found that staff with greater amounts of experience and the opportunity to practice assessments more often led to better quality assessments.

Also, CANS/FAST reviews indicated the instruments were not being completed thoroughly and with fidelity to the model. Feedback about the use of the tools was gathered over time from stakeholders during stakeholder meetings, staff input during refresher trainings, 1-1 coaching, and review of CANS/FAST and the subsequent coaching and feedback. This feedback indicated

that one barrier to more thorough and accurate completion was that the information on the initial assessment does not transfer throughout case, and that it takes more time to regather as the case progresses. Additionally, it is not uncommon for information to be lost when cases transition from PS cases to foster care cases because of having to switch tools and/or workers being confused about which tool to use. It should also be noted that differential response uses a separate tool (Family Strengths and Needs Assessment), and no formal needs assessment tool is used for investigations.

Staff and supervisor focus group participants also noted that family engagement suffers when a “checklist” of services is ordered for all families regardless of what the assessment shows. In these instances, families also report not feeling heard about their actual needs or having input into the services they receive. Judicial focus groups also indicated that a “blanket” approach is not effective for treatment planning.

In summary, data describes a complex picture of the challenges with family engagement in needs assessment. While some early indications are that adoption of the CANS and FAST tools is improving the accuracy of assessment and selection of services, it has not yet been fully integrated into agency and court practice and is not being used yet with high fidelity. Issues with the use of multiple assessment tools are further hindering full implementation. These challenges are leading to “cookie cutter” assessments and “checklist” court orders regardless of needs in some areas, which impacts engagement of parents. Additionally, staff express challenges with the assessment conversations with parents as they attempt to gather the information necessary to complete accurate assessments.

Based on Round 3 CFSR and root cause analyses around assessment and case planning, there are multiple strategies in the CFSR PIP aimed at addressing the concerns. Strategies in the PIP will address family engagement and case planning (Goal 2, Strategies 6, 8, and 9); concurrent planning and relative placement to improve timeliness of permanency (Goal 3, Strategies 10 & 12); and reduce barriers to timely adoptions (Goal 3, Strategy 11). Arkansas has also implemented Permanency Safety Consultations at 3, 6, and 9 months post-removal to discuss the progress of the case and discuss next steps to move the case forward.

Periodic Reviews

The Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) amended title IV-E of the Social Security Act to provide added safety and permanency for children in out-of-home care.

ASFA requires that the status of each child in out-of-home care be reviewed at least once every six months by either a court or an administrative review [42 U.S.C. § 675(5)(B)]. Such periodic reviews must determine the child's safety; review the continuing need for foster care; and determine compliance with case plan and progress made towards alleviating or mitigating the causes necessitating placement in foster care.

Correspondingly, Arkansas statute (A.C.A. § 9-27-337) requires that review hearings be held at least every six months until there is a permanent order of custody, guardianship, or adoption or the juvenile is returned home, and family services are discontinued pursuant to court order. Arkansas Code provides that the court shall determine and shall include in its orders the following:

- Whether the case plan, services, and placement meet the special needs and best interest of the juvenile, with the juvenile's health, safety, and educational needs specifically addressed;
- Whether the state has made reasonable efforts to provide family services;
- Whether the case plan is moving towards an appropriate permanency plan pursuant to 9-27-338 for the juvenile; and
- Whether the visitation plan is appropriate for the juvenile, the parent or parents, and any siblings, if separated.

In making its findings, the court shall consider the following:

- The extent of compliance with the case plan, including, but not limited to, a review of the department's care for the health, safety, and education of the juvenile while he or she has been in an out-of-home placement;
- The extent of progress that has been made toward alleviating or mitigating the causes of the out-of-home placement;
- Whether the juvenile should be returned to his or her parent or parents and whether or not the juvenile's health and safety can be protected by his or her parent or parents if returned home; and
- An appropriate permanency plan, pursuant to 9-27-338 for the juvenile, including concurrent planning.

In complying with both ASFA and Arkansas Code, DCFS Policy VI-G stipulates "The court will review out-of-home placement cases no less than every six months, including children in out-of-home cases who are placed out-of-state. The first six-month review shall be held no later than six months from the date of the original out-of-home placement of the child. However, the court may require a review prior to the six-month review hearing. In addition, at any time during the

life of an out-of-home placement case, any party may request the court to review the case, and the party requesting the hearing shall provide reasonable notice to all parties.”

Data used by Arkansas’s Administrative Office of the Courts (AOC) to track hearings shows that review hearings were held within six months of case opening for 90 percent of the cases opening during the first half of Federal Fiscal Year (FFY 2015). An additional seven percent of the review hearings during this period were held within nine months. Of the cases that remained open for more than a year, periodic reviews were held, on average, every three months. AOC’s data was pulled from DNet, its web-based information system used by attorneys and courts across the state. DNET receives information from and shares data with CHRIS.

As of 2016, hearing information is no longer a required entry into DNet as the AOC is working with the courts to start entering that information into Contexte. AOC holds a statewide license for the Contexte Case Management System (CMS). Contexte is a web-based system that was chosen and adopted by the Arkansas Supreme Court and has been successfully implemented in both circuit and district courts in Arkansas. The system is capable of managing all aspects of court cases, including judge assignment, parties, violations, docketing, hearings, and accounting.

The review hearing data that is available is mostly from courts that are already tracking this information on their own without any involvement from the state Court Improvement Program (CIP). Data was pulled the for review hearing dates from either the hearing record, or from the date the hearing order was filed.

The case count below is based on what has been filed in Contexte as of 6/14/2019. Some of the data entry from paper courts may be delayed, and courts transferring over onto Contexte may still be entering case information.

- Out of 2006 cases filed between 05/01/2018 and 05/31/2019, 929 cases had review hearing information available.
- Of the 929 cases, 89% had REVIEW hearings within 6 months, 9% within 12 months.
- Of the 1,077 cases where no review hearing information was found, 577 of the cases opened after 11/31/2018, so their review hearing may not have occurred or is waiting to be entered.

The small sample is a result of:

a.) The court is not tracking hearing information **at all** in Contexte.

OR

b.) The court is not tracking the hearing info in the hearing table, but they are entering the date of the hearing order. However, the order is not being recorded using the standard coding, so the query will not pull the info.

During the focus groups with DCFS supervisors, caseworkers, and attorneys and Court Appointed Special Advocates, conducted for the 2015 Statewide Assessment, there was overwhelming consensus amongst the stakeholders that periodic reviews occur regularly and include the required provisions. Frequent and timely court reviews were considered to be a strength of Arkansas's case review system. Confirming the evidence found in AOC's data files, stakeholders noted that most cases are reviewed every three months, and if things are going well, then every six months. In some areas, the judge schedules reviews for five months to give leeway in ensuring they occur every six months. Group members agreed that the attorneys within the Office of Chief Counsel (OCC) do a good job in monitoring their assigned cases to ensure that review hearings occur timely. Some barriers identified were that occasionally cases are docketed for a certain date, but sometimes get continued because the judges do not have time to hear all the cases scheduled for a given day.

Permanency Hearings

The Adoption and Safe Families Act requires that a permanency planning hearing (PPH) be held within twelve months of the date a child enters foster care, and then every twelve months thereafter, to review and approve the permanency plan for the child. Additionally, under ASFA, permanency planning hearings must, for children who have attained age 16, determine the services needed to assist the child to make the transition from foster care to independent living and consult with the child in an age appropriate manner regarding their proposed permanency or transition plan.

Similarly, Arkansas Code (§ 9-27-338) provides that a permanency planning hearing shall be held to finalize a permanency plan for juveniles twelve months after the date the juvenile enters an out-of-home placement and after a juvenile has been in an out-of-home placement for 15 of the previous 22 months, excluding trial placements and time on runaway status, as well as no later than 30 days after a hearing granting no reunification services. Further, if a juvenile remains in an out-of-home placement after the initial permanency planning hearing, a PPH shall be held annually to reassess the permanency plan selected for the juvenile. At every permanency planning hearing, the court shall make a finding on whether the department has made reasonable efforts and shall describe the efforts to finalize a permanency plan for the juvenile.

In accordance with Federal and State law, DCFS Policy VI-G stipulates “Each child in an out-of-home placement, including children out-of-state, shall have a permanency planning hearing no later than 12 months of the date the child is considered to have entered foster care and not less than every 12 months thereafter during the continuation of foster care. A child will be considered to have entered foster care on the earlier of: the date of the first judicial finding that the child has been subjected to child abuse or neglect, or the date that is 60 days after the date on which the child is removed from the home.”

“The Division must obtain a judicial determination that reasonable efforts were made to finalize the permanency plan for the child no later than 12 months of the date the child entered foster care. If a child remains in an out-of-home placement after the initial permanency planning hearing, an annual permanency planning hearing shall be held to reassess the permanency goal selected for the child.”

The data from DNet covering the first two quarters of FFY 2015 revealed that 77 percent of permanency planning hearings were held within twelve months of case opening. Of cases that remain open for more than a year, on average a permanency planning hearing was held every eight to nine months.

As stated above in the review hearing section, as of 2016, hearing information is no longer a required entry into DNet as AOC is working with the courts to start entering that information into Contexte (state-provided Case Management System). The hearing data that is available is mostly from courts that are already tracking this information on their own without any involvement from CIP. The PPH hearing date information is from either the hearing record, or from the date the hearing order was filed.

The case count below is based on what has been filed in Contexte as of 6/14/2019. Some of the data entry from paper courts may be delayed, and courts transferring over onto Contexte may still be entering case info.

- Out of 2006 cases filed between 05/01/2018 and 05/31/2019, 290 cases had PPH hearing information available.
 - Of the 290 cases, 98% had PPH hearings within 12 months, 2% within 14 months.
 - Of the 1,716 cases where no PPH hearing information was found, 1,610 of the cases have not been opened for more than 12 months, so their PPH hearing may not have occurred or is waiting to be entered.

The small sample is a result of:

a.) The court is not tracking hearing information **at all** in Contexte.

OR

b.) The court is not tracking the hearing info in the hearing table, but they are entering the date of the hearing order. However, the order is not being recorded using the standard coding, so the query will not pull the information.

Feedback and information collected during stakeholder focus groups held throughout the state, for the 2015 Statewide Assessment, reflect the effectiveness of the case review system in ensuring that each child has a permanency hearing within twelve months of entry into foster care, and no less frequently than every twelve months thereafter. Stakeholders report that communication and diligent monitoring of time-frames between DCFS staff, attorneys and judges result in the majority of permanency hearings being scheduled and held timely, especially initial permanency hearings. Many judges set the date for the first permanency hearing in court at the adjudication, when needed, and explain the process and time line to the parties involved. Regarding permanency hearings not held timely, stakeholders cite overcrowded dockets forcing scheduled hearings to be continued as the primary cause; this happens most often in situations where the parents are no longer participating and there is no perceived harm in delaying. Arkansas will capitalize on this area of strength by emphasizing with all stakeholders the importance of timely legal permanency for all children.

CHRIS does not capture sufficient data for use in evaluating the degree to which specific hearings are held within the required timeframes. The Office of Chief Counsel maintains a point-in-time database that captures only a limited number of historical hearings, but the initial PPH is one such historical hearing that is documented in OCC's database. However, because of significant turnover amongst attorneys and legal support staff, several areas have data that is not updated in the database. However, OCC has been working for the past year to implement a modern case management system to improve its ability to track key performance metrics related to DHS' legal representation. The contract for this case management system will go into effect July 1, 2019.

Termination of Parental Rights

Consistent with the Adoption and Safe Families Act and state law (A.C.A. § 9-27-341), DCFS must pursue termination of parental rights when a child has been in foster care for at least 15 of the most recent 22 months or the court has determined that the child is an abandoned infant or that the child's parent(s) have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act, including murder, voluntary manslaughter or felony assault that led to serious bodily injury against any of his/her children. Both ASFA and Arkansas Statute

provide exceptions to these requirements if the child is being cared for by a relative; the agency documents a compelling reason why the filing would not be in the child's best interest; or, in any case where reasonable efforts are required, the State has not provided the family with those services needed for the safe return of the child. Concurrent with the termination process, the state must identify, recruit, process, and approve a qualified family to adopt the child.

The SFY 2018 QSPR evidenced largely sound functioning within Arkansas's case review system around the filing of TPR proceedings. Forty-one (41) out of the 120 children in the reviewed foster care cases had been in care for at least 15 of the most recent 22 months at the time of the QSPR. Three additional children met other ASFA requirements for TPR. DCFS filed or joined a TPR petition within the required timeframes for 31 of these children. Further, an exception to the termination requirement existed for 7 of the 12 children for whom a TPR petition was not filed. In total, the reviewers found that the filing of termination proceedings occurred in accordance with required provisions for 39 of the 44 applicable children (89%).

The findings from the QSPRs conducted during the first half of SFY 2019 demonstrate a decline in practice around pursuing TPR from the SFY 2018's near strength. Reviews have been conducted in five of ten service areas as of January 31, 2019, involving 60 foster children. Twenty-one of the 60 children in the foster care cases had been in care for at least 15 of the most recent 22 months at the time of the review, and two additional children met other ASFA requirements for termination. TPR petitions were timely filed within the required timeframes for 11 of these children, while exceptions existed for three of the seven children for whom TPR proceedings were not pursued. The filing of termination proceedings occurred in accordance with the required provisions for 16 of the 23 applicable children (70 percent).

The stakeholder input obtained through the focus groups conducted across the state, for the 2018 root cause analysis focus groups, corroborates the findings from the qualitative case reviews and substantiates that, on the whole, the case review system works effectively to ensure the timely TPR proceedings in accordance with federal statute. Most concerns involving termination of parental rights that were discussed in various focus group sessions centered on the timeliness in which TPR hearings were held (e.g., because of continuances) and not on the filing of the petitions.

Arkansas recognizes the need to strengthen its data collection and monitoring around this element. OCC captures data pertaining to TPR within its internal database, such as the dates petitions to terminate parental rights are filed with the clerks, the dates on which the parents are

served with TPR Petitions, the dates TPR Hearings are held and whether or not TPR is granted by the courts. The OCC management team also works in constant partnership with their supervising and field attorneys and, through those collaborations, stresses the importance of timely, accurate data input. The forthcoming case management system for OCC referenced above, will also improve OCC's ability to track this data more effectively and efficiently which should, in turn, help improve timeliness and other factors related to all hearing types.

Notice of Hearings and Reviews to Caregivers

DCFS policy states that the Department shall provide the foster parent(s) of a child, and any pre-adoptive parent(s) or relative caregiver(s) notice of any proceeding held with respect to the child and the opportunity to be heard. The method of notification varies across DCFS county offices depending upon what has proven most effective for a particular community and the practices of the local judge.

In recognizing the need to further monitor its practices around providing notice to caregivers, as of June 30, 2015, a value of 'Notification of Court Hearing to Foster Parent(s)/Pre-Adoptive Parent(s)/Relative caregiver(s)' was added to the 'Purpose' pick list on the Case Contact screen in CHRIS. Although this enhancement was messaged to field staff, it is not being used consistently to document when notice is given to caregivers.

To address this on a systemic level, the Foster Care Manager worked with the CHRIS Support team to enhance the Foster Parent Care Portal where foster parents can access information about the children placed in their homes. Using the portal, foster parents can review the most current approved court report for the children residing in their homes, which has the court date information on it. If the caseworker fails to notify the foster parent, they can see this information through accessing the portal.

Although DCFS does not have quantitative data to track adherence for the notification requirement, feedback gathered from the stakeholder focus groups conducted across the state provided the following information. Family Service Workers in most counties provide notice by calling or texting the foster parent(s), pre-adoptive parent(s) or caregiver(s), and also remind them in person of upcoming court dates during home visits; a few counties rely on the attorney ad litem (AAL) or CASA (Court Appointed Special Advocates) volunteers to remind caregiver(s) of upcoming hearings. It is occasionally difficult to get notice of continuations or docket changes

to foster parent(s), pre-adoptive parent(s) and caregiver(s) when changes happen at the last minute; this is frustrating for caregiver(s) who have taken off work to attend.

Area Directors, front-line workers and other key stakeholders report no major issues notifying foster parent(s), pre-adoptive parent(s) and relative caregiver(s) of any reviews or hearings, aside from last-minute continuations or unforeseeable delays. The Division utilizes a variety of methods to ensure notification, and stakeholders interviewed indicated they were generally aware of upcoming proceedings and felt comfortable contacting the Department or AALs to inquire about or confirm attendance at reviews or hearings.

Ongoing CQI and feedback from focus groups further highlights that most foster parent(s) and caregiver(s) across the state routinely attend hearings and are given an opportunity in court to give updates and report concerns regarding the children in their care. Stakeholders also noted that the majority of judges announce upcoming hearing dates in court and include the information in the court order and will inquire of the Department if/how a foster parent or caregiver was given notice and their reason for not attending if none are present at a hearing. In instances where a foster parent or relative caregiver cannot attend, the attorney ad litem most often provides the court a status update and raises any issues or concerns to be addressed on behalf of the caregivers.

Overall, the case review system is functioning well regarding notice of hearings and reviews and right to be heard for foster parents, pre-adoptive parents and relative caregivers. DCFS will continue to message to staff the importance of documenting when notice is given to caregivers and will continue to meet with foster parents, adoptive parents and relative caregivers to ensure that they are notified of, and have a right to be heard in, any hearing held with respect to the children placed with them.

Quality Assurance System

The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) continues to utilize the Quality Services Peer Review (QSPR) process as a central component of its Continuous Quality Improvement (CQI) system. The process is used as a monitoring tool to evaluate Arkansas's child welfare system; it constitutes DCFS' qualitative case review process. Arkansas's QSPR process employs the federal Child and Family Services Review's Onsite Review Instrument (OSRI) for its reviews. Each review utilizes information gathered from the state's SACWIS, physical case files, and interviews with various case participants and

providers. DCFS adopted the revised Round 3 OSRI for use in the QSPR process beginning with State Fiscal Year 2016 and the Service Quality and Practice Improvement Unit has used the tool since to conduct Quality Services Peer Reviews in each of the DCFS ten geographic service areas. Since State Fiscal Year (SFY) 2016 and Round 3 of the CFSR, the statewide scores have been comprised of straight averages of the combined scores from the ten service areas in accordance with the approved federal sampling methodology. Arkansas uses the data from these case records to assess and compare its performance on the child and family outcomes pertaining to safety, permanency and well-being as detailed below. SFY 2017 was conducted using the same approved sampling methodology used in SFY 2016 and Round 3 of the CFSR of reviewing 300 cases statewide (30 cases from three randomly selected counties per service area) on a biannual review schedule; however, Arkansas gained approval from the Children's Bureau advisors and Measurement and Sampling Committee (MASC) for a change in sampling methodology beginning with SFY 2018. The approved methodology change utilized for the SFY 2018 and SFY 2019 QSPR reviews allowed the State to return to an annual review schedule and reduce by 100 the total number of cases reviewed statewide (20 cases per service area) during the fiscal year. In addition, for the duration of the Round 3 CFSR Program Improvement Plan (PIP) monitoring period beginning in September 2017 with the SFY 2018 QSPR, cases reviewed will be selected from the same three counties per service area as were reviewed for the Round 3 CFSR.

All reviewed cases must undergo two levels of quality assurance. The initial, or first-level, QA ensures that reviewers are accurately rating cases and properly applying the federal instructions within the OSRI. The secondary, or second-level, QA ensures consistency among all cases reviewed across reviewers and throughout all service areas within the state.

Both levels of quality assurance use a collaborative approach and place shared responsibility on both the reviewer and QA staff. Reviewers gather and reconcile the information needed to answer the relevant questions using the guidance within, and supplemental to, the instrument and the support and guidance of the quality assurance team. QA staff assist in all phases of the review, from the preparation of the case for the review through the completion of the instrument, by answering questions, working with reviewers on clarifying issues and assisting reviewers in evaluating/reconciling information to arrive at appropriate case ratings. Secondary oversight is conducted on all reviewed cases once the first-level QA and OSRI are completed. The second-level QA is conducted by a QA staff person other than the individual assigned to the first-level QA, as relying on more than one individual to verify case review instrument information and ratings helps to ensure inter-rater reliability and accurate conclusions. The focus of secondary oversight is to ensure consistency across the review sites and all reviewers.

Once all the cases in the sample have been reviewed, finalized, and gone through both levels of QA, the findings for the service area's performance on each of the measures will be compiled and analyzed. An area report is compiled showing the area's strengths and areas needing improvement. Initially the reports are shared with Executive Staff and Area Directors through email. The Federal Compliance and IVE Waiver Administrator and the QA Supervisor then schedule an in- person meeting with the Area Director and the area supervisors to go over the findings of the review and brainstorm ideas for development of practice improvement plans to address the areas identified as needing improvement to improve future performance and services to families.

The Service Quality and Practice Improvement (SQPI) Unit also issues a Statewide QSPR Performance Report outlining Arkansas's performance following the review of the entire state each year. These reports combine the results of each service areas' reviews, 200 case reviews statewide, to provide an overall summary of the child welfare system's performance pertaining to the goals of safety, permanency and well-being for children receiving services.

In addition to the QSPR reviews, multiple reviews are conducted at the Central Office level. Each of the Program Managers or staff in the Prevention and Reunification Unit, Child Protective Services (CPS, also referred to as Investigations), Differential Response (DR), CANS/FAST, In-Home, and Team Decision Making (TDM), review cases for quality of practice using standardized review tools that are in survey monkey. Additionally, as a result of the recent on-site NYTD review, a review tool for cases involving youth who participate in the TYS program is being developed and case reviews to assess quality of practice and service delivery will begin in SFY 2020. Furthermore, the Division is also in discussion with the SQPI vendor to amend the contract to allow the local team to conduct additional case reviews in the counties that are not a part of the PIP review counties to obtain a broader view of the strengths and areas needing improvement across the state.

Staff Training

Initial Staff Training

As has been the case in the past, SFY 2019 data to date shows that the vast majority of staff successfully complete the required initial training hours. However, as noted in several focus groups conducted as part of the 2018 root cause analysis efforts for the Child and Family Services Review (CFSR) Program Improvement Plan (PIP), there is some debate as to whether the content of the initial trainings adequately prepares employees for their specific job duties.

By the end of May 2019, approximately 100% of the 239 DCFS Family Service Workers (FSWs) who had been hired since July 1, 2018 and were still with the agency had either completed New Staff Training (NST), were currently participating in NST, or were registered to start a NST beginning in July 2019. Those who had not yet completed training or were not yet registered were on a waiting list for the next NST in their area.

100% of Supervisors hired during the same period had completed New Supervisor Training. Family Service Workers Supervisors (FSWS) who had been hired since July 1, 2018 and were still with the agency had either completed New Staff Training for Supervisors (NST) or are currently registered to start a New Staff Training beginning in June 2019.

Finally, roughly 96% of Program Assistants (PAs) hired since July 1, 2014 and who were still with the agency had completed or were currently participating in new PA training as of May 31, 2019.

Additional details regarding the number of staff members who were hired between July 1, 2018 and May 31, 2019 also completed the following required trainings for their respective positions is as follows:

Family Service Workers (FSWs)

- **274** Total FSWs hired with a position start date between 07/01/18 and 05/31/19
 - 239 Active FSWs
 - 4 Active FSW Extra Help
 - 28 Inactive FSWs (i.e., no longer with the agency)
 - 3 Inactive FSW Extra Help
- **202** Foundations Completions between 07/01/18 and 05/31/19 (of those with a position start date between 07/01/18 and 05/31/19)

- 178 Active FSWs hired within the date range completed Foundations within the date range
- 4 Active FSW Supervisors hired within the date range completed Foundations within the date range
- 1 Active PA completed Foundations within the date range (demotion from FSW)
- 19 Inactive FSWs completed Foundations within the date range
- 17 Active FSWs completed FSW NST before the date range
- 2 Active FSW Extra Helps completed FSW NST before the date range
- 30 Active FSWs or FSW Extra Help are either on the wait list to begin or make-up Foundations, or are currently attending Foundations
- 7 Inactive FSWs hired within the date range either never started or did not complete Foundations
- 2 Inactive FSWs hired within the date range completed FSW NST before the date range (re-hired, then inactivated again)

Program Assistants (PAs)

- **97** hired PAs
- 81 Active PAs
- 1 Active PA Extra Help
- 13 Inactive PAs
- 2 Active Family Services Assistants
- **72** Program Assistant New Staff Training completions between 07/01/18 and 05/31/19)
- 53 Active PAs completed PA Training within the date range
- 2 DHS/DCFS Program Admin's completed PA Training within the date range
- 9 Current FSWs completed PA Training within the date range
- 2 Family Services Assistants completed PA Training within the date range
- 6 Inactive PAs completed PA Training within the date range
- 2 Active PAs completed PA training prior to date range (re-hires)
- 14 Regular PAs (with a position start date within the range) are currently on the wait list to begin or make-up PA Training
- 4 PAs (with a position start date within the range) are currently on the Resource Unit wait list.
- 7 Inactive PAs hired within the date range either never started or never completed PA Training

Supervisors

- **30** Total Supervisors hired with a position start date between 07/01/18 and 05/31/19
- 3 Active County Supervisors
- 26 Active FSW Supervisors

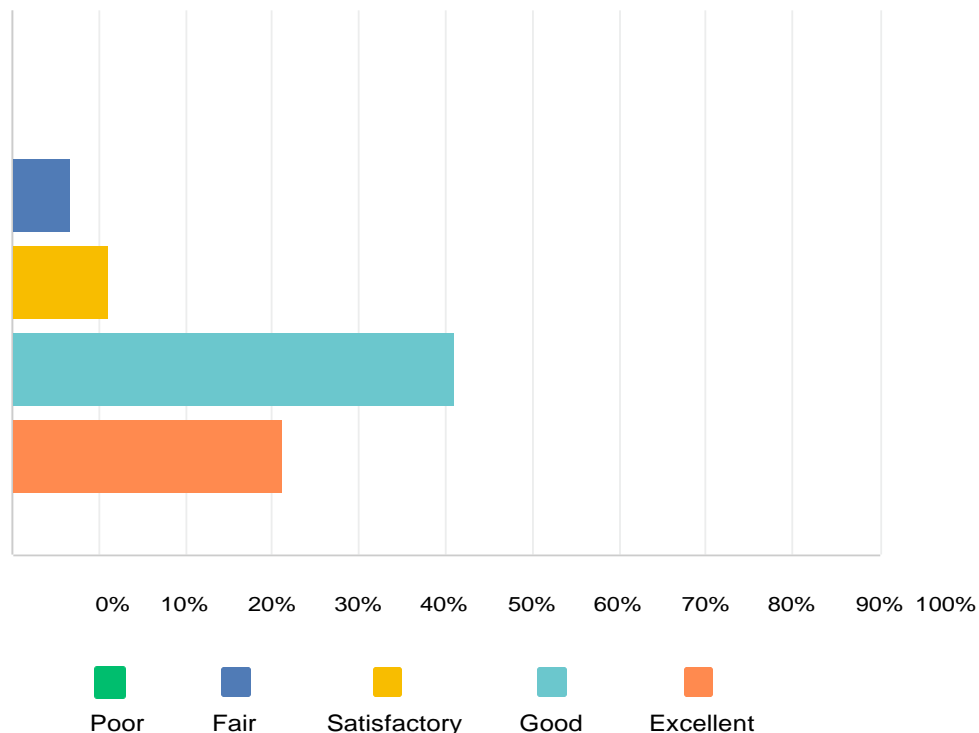
- 1 Inactive FSW Supervisor
- **16** Supervisor NST Completions between 07/01/18 and 05/31/19
- 14 Active Supervisors hired within that date range completed Supervisor NST within that date range
- 1 FSW Clinical Specialist completed Supervisor NST within the date range
- 1 Inactive Supervisor completed Supervisor NST within the date range
- 2 Active Supervisors completed Supervisor NST before the date range (re-hires)
- 13 Active Supervisors (hired within date range) are on the wait list to begin or make-up Supervisor Training

468 total DCFS employees hired with a position start date between 07/01/18 and 05/31/19
(All Positions)

A survey conducted by the University of Arkansas at Little Rock (UALR) MidSOUTH Training Academy in the spring of 2019 to evaluate how training did or did not prepare FSWs for their initial period of employment with the agency and to determine what could be done to improve NST offered similar perspectives as those gathered through the 2016 Statewide Assessment focus groups, particularly in terms of barriers to initial training. While there was only a 30% response rate, the vast majority of the FSWs who participated in the survey indicated the initial training was either “excellent” or “good” when asked to rate the helpfulness of the classroom training in learning the FSW job duties from the date of employment until the time of the survey. The graph on the following page from the survey report provides additional detail.

From the date of your employment until now, please rate the helpfulness of the classroom training in learning your job.

Answered: 45 Skipped: 0



Factors that promoted learning and participation in the New Staff Training process that FSWs listed in their survey responses included:

- On the job training, teachers who have had experience in the field and could answer questions based off experience.
- The classroom training as well as my field trainer have been very helpful.
- Having a field trainer
- Doing the online training, then more intensive training in the classroom.
- The most helpful training activity was working all the way through an investigation using the same
- Family situation from hotline acceptance through removal of children. It was helpful to complete a FAST and case plan in classroom training. All the classroom trainings were excellent.
- Teachers who took the time to answer questions, discussion, class activities
- The activities and being able to see what to do in different situations.
- The training allows me to learn not only my job but other areas. The instructors teaching strategy are excellent.

- Hands on / On the job training / Being in the field and actually applying the key factors that were learned in the classroom to the job.
- The hands-on activities. Instructors who catered to various learning styles.
- The open discussion in the classrooms, training materials, role plays, and knowledge of the trainer.

Survey responses regarding factors that served as barriers to the New Staff Training process, once again, mirroring those of the CFSR focus group comments, included:

- The only barrier for me was the time between learning the concepts and applying them but it's all working together well.
- Some of the training didn't allow enough time to cover the topic thoroughly. I felt very rushed through those sessions. Specifically, investigations.
- Some things seem to vary county to county.
- There were no barriers in the training its self, however the travel, TR1s, and all the paperwork required to be reimbursed, then rejected, and try again to get travel reimbursed is tedious, and stressful.
- It was difficult to find protected time to do the online training.
- Being in the field a minimum of 3 months (shadowing & assisting) prior to going to any training would allow training to have a bigger impact on new workers
- The Investigation training was too short.
- Information overload, being away from home so much.

Survey responses to the question: "What could be improved in training, in terms of structure, format, and/or materials?" included:

- The investigation session could easily be another 2 or 3 days.
- More material on resource work
- More hands-on examples and training especially court prep, testifying, and real-life situations.
- What is the point of having training that the state want's so that we can be cohesive, when they will turn around and say do it your supervisors' way.
- I think the format and structure are fine, but the materials are a little too much for short of time
- Allowing workers, a chance to have protected time that is actually protected.
- The instructors are amazing and great at providing real insight from their knowledge and experience. Interactions in the classroom with instructors and peers should be maximized, and another alternative to the online work or at least the current version of it, should be reworked or done away with.
- More "cheat sheets" that give typical steps followed during a case. A better guide on how to find placement, especially for those who are hard to place.

- Let new workers carry more and do more on a case load.
- I believe that the Midsouth Investigations training needs to be extended. There is too much information to take on in such a short amount of time

It may also be worth noting that, in addition to the annual UALR MidSOUTH FSW and FSW Supervisor survey regarding New Staff Training referenced above, NST and an individual FSW's ability to comprehend and apply the knowledge and skills taught during this initial training are also evaluated through the following mechanisms:

- Pre and post-tests for applicable training sessions delivered to DCFS staff
- Participant evaluations of the trainings at the conclusion of each training
- Worker Readiness Assessment meetings that occur with the new FSW and his/her supervisor and applicable training staff 20 working days after a New Worker Training concludes to discuss:
 - FSW's performance during training
 - FSW's job performance up to that point in time
 - FSW's strengths and weaknesses
 - Development of a plan to build on FSW's strengths and address FSW's identified weaknesses

In response to concerns raised during the Statewide Assessment focus groups regarding the quality and practicality of the new staff training, the Division worked with MidSOUTH Training Academy to revise the New Staff Training curriculum and modes of delivery. The revised training launched in July 2017 and includes on-line training units, classroom training, field training support, and defined roles for supervisors as part of the training team. The training is organized into Foundational Units that cover basic social work skills over the course of 5 units, information includes such skills as interviewing, assessment, risk and safety identification, court process, trauma, communication skills, etc. After completing the Foundational Units, the worker completes three (3) Concentrations, each lasting a week. Concentrations focus on Investigation Practice, In-Home or Protective Services Cases, and Out of Home, or Foster Care Cases. New workers have access to the on-line training curriculum on their first day of employment, or as soon as they have computer access. Please see the 2020-2024 Training Plan for more detail regarding New Staff Training for Family Service Workers, Program Assistants, and Supervisors.

For the first year of implementing the new training model, workers who completed the Foundation Units and then the subsequent Concentration units and their supervisors were invited to participate in focus groups to provide their feedback on the new training. Overall the feedback regarding the new training model was positive. Most workers and supervisors appreciated the online training that allowed them to work at their own pace in their office prior to joining the

classroom training and the specific concentrations offered in the areas of investigations, protective services, and foster care were also appreciated by the vast majority of participants. Based on the feedback provided during the focus groups, modifications to the training have been and are still being made.

Ongoing Staff Training

All DCFS employees are required to have a minimum number of annual continuing education training hours based on an employee's specific job function. Any continuing education provided by UALR MidSOUTH or the Academic Partnership in Public Child Welfare (i.e., "the IV-E Partnership") is reported directly to DCFS on a quarterly basis.

Each year direct service DCFS staff must complete the mandated *Managing Difficult Encounters with Families* and *A Comprehensive and Compassionate Approach to Trauma Assessment* trainings. The hours for both trainings, provided by the Academic Partnership for Public Child Welfare, are applied to the annual ongoing training requirement. The specific training objectives within those two mandated trainings are adjusted annually based on feedback from the previous year's *Managing Difficult Encounters with Families* and *A Comprehensive and Compassionate Approach to Trauma Assessment* trainings and input collected during quarterly Regional Team Meetings between DCFS and the Academic Partnership in Public Child Welfare as well as monthly meetings with DCFS Area Directors, the IV-E University Coordinators, and the DCFS Professional Development Unit Manager.

Beyond these two standard mandated trainings, DCFS employees may satisfy their remaining continuing education requirement in a multitude of different ways. For instance, DCFS staff may elect to access continuing education opportunities offered through other community organizations and collaborations, educational institutions, and in-state and out-of-state conferences.

There are also typically trainings mandated by DCFS Central Office throughout the year for DCFS staff related to new programs or initiatives, or areas identified as needing additional training to improve practice. An example of an upcoming required continuing education for DCFS staff includes the 2019 Legislative Update Training mandated for all DCFS Supervisors and FSWs in the summer of 2019. This training will be offered multiple dates/times and provided at each of the five (5) MidSOUTH Training Academy sites across the state. For more information on continuing education for staff, please see the 2020-2024 Training Plan.

During the 2018 root cause analysis focus groups there were comments regarding training fatigue or the mandated continuing education trainings not being helpful or simply too much repeated information from past years. Caseloads and travel were sometimes mentioned as an issue that compounded time issues, but the DCFS Central Office has tried to address those training distance concerns by traveling to Central Office conducted trainings -- such as supervisor, resource, and investigative trainings -- regionally, rather than bringing these various groups of staff to Little Rock. For mandated continuing education trainings for DCFS staff, make-up sessions are almost always necessary because staff do not complete the trainings that are initially offered.

At the same time, many positive comments included suggestions for improvement. Once again, the most common complaint regarding ongoing training appeared to be that the training is often not specialized and/or that more specialized trainings are needed. Many stakeholders specifically mentioned the need for training that addresses safety assessment, drug issues, and medically fragile children. The first two topics are being addressed in the CFSR PIP through Goal 1: Strategy 4. The training will be offered in each service area so all staff and stakeholders have the option to attend the training locally.

As with initial training, placement provider staff members appeared to receive more frequent ongoing training based on feedback gathered through the CFSR focus groups. These providers seemed to offer additional training opportunities mostly in-house or have staff access UALR MidSOUTH continuing education trainings. Ongoing training hours for placement provider staff are also governed by Minimum Licensing Standards for Child Welfare Agencies, which are overseen by the Child Welfare Agency Review Board. One recurring identified need from the Foster Parent Advisory Council during SFY 19 is making sure that foster parents, particularly the newly approved, are given the tools that they need to succeed after officially opening their homes. There is an identified need for consistent support and high-quality training for foster families, adoptive families, and relatives that is in close proximity to their homes. To help address this issue, the Division solicited contract providers for new foster care training in each of the ten geographic service areas, and seven vendors were selected to cover the state. These providers offer local training to develop skills that foster families need to successfully care for children who have experienced trauma and provide between six and ten trainings per year. Please see 2020-2024 Training Plan and Foster Parent Training section under Foster Parent Licensing for details initial foster parent training the contract deliverables for continuing education).

Service Array

At the investigative stage, the Health & Safety Checklist is used to identify strengths and needs. Based on that assessment, staff are encouraged to put services in place during the course of an investigation.

The Family Advocacy and Support Tool (FAST) and Child and Adolescent Needs and Strengths (CANS) are the state's family assessment tools used in in-home and foster care cases, respectively. The purpose of the CANS/FAST tools are to engage the family and other team members in the assessment process, to help staff prioritize the highest area of need and identify strengths within the child/family, and to provide a communication tool to help the family, DCFS, and other team members to discuss the progress, or lack thereof, the family is making in terms of strengths and needs and related behavior change. The Division works to ensure services that assess the strengths and needs of children and families are available statewide at all stages of the system.

Once the strengths and needs are identified through the CANS/FAST assessment, staff develop a comprehensive case plan with the services identified to address the specific needs or build upon an individual's strengths in conjunction with the family and other team members. These services allow children to safely remain in the home, work towards reunification, or achieve timely permanency. All case plans address the safety, permanency, and well-being of the families of Arkansas. The case plan is monitored by staff to help them determine if services provided are assisting the parents or other caregivers achieve the desired behavior change needed to rectify the issues that brought the family to the attention of the agency. The case plan is also revised as needed in order for a child to safely remain in the home or achieve permanency on a timely basis. Arkansas has a high number of cases where the court will order "standard services" for every family even if that service is not identified as a need. DCFS complies with those orders of the court and develops a specific area within the case plan to note if the services were court ordered.

Focus groups conducted in 2018 as part of the root cause analysis for the agency's CFSR PIP suggest that truly individualizing or tailoring of services to meet the unique needs of children and families is still a challenge for the state. However, progress is evident in the expansion of successful services and development such as Nurturing the Families of Arkansas, Intensive In-Home Services, and the SafeCare Home Visiting Program. The state's specialized interventions provided through the Differential Response and Team Decision Making have helped to

individualize the investigation process and safety planning around the particular needs of children and families.

DCFS delivers some of the services directly to clients while others are provided through a contract with specific providers. Division-delivered services are available statewide while some contracted services are only available in limited jurisdictions. Services gaps are usually addressed through the development of a Purchase Order for needed services not available by contract.

Programs and services of other Divisions within the Department are also available to clients of DCFS. Delivery of such services is coordinated with other Divisions administering TEA/TANF Medicaid, SNAP, Social Services Block Grant, and other federal entitlement programs. The state Community-Based Child Abuse Prevention Program (CBCAP) funded under Title II of CAPTA to develop child abuse prevention programs is housed within DCFS.

Service accessibility and resource development across the state is an area that continues to need improvement. Based on evidence contained with CHRIS, case reviews and staff and stakeholder focus groups conducted in 2018 as part of the root cause analysis efforts, Arkansas continues to have an overall lack of services or at least limited access to quality services, especially in the more rural parts of the state. The lack of appropriate placements, which is one example where services are lacking, impacts all stages of the case—family/child visitation, change of school (being driven back and forth long distances daily), lack of family involvement with the case plan least restrictive setting (higher level of care than what is needed but no step down or therapeutic placement available), and not being placed with any or all siblings. At the end of the 3rd quarter (SFY 2019), 83 percent of the children with siblings in foster care were placed with at least one of their siblings. Of those children with siblings in care, 63 percent were placed with all of their siblings. In essence, there are not sufficient resources to place all siblings together. Another outcome resulting from too few placements is the extent to which children have placement stability while in foster care. Regardless of how long children are in care, the percentage of children who experience two or fewer placements is consistently below the national standard.

Focus groups conducted in 2018 reported a wide range of services that are lacking, ranging from assessments or evaluations to mental health services. Participants in these focus groups as well as a parent interview collectively identified the availability, quality and proximity of

substance abuse assessment and treatment services as a significant service gap impacting all family outcomes.

The 2018 staff and legal stakeholder focus groups also identified concerns with ineffective use of substance abuse treatment resources, related to a routine use of substance abuse assessments and drug testing regardless of a need in that area. Most participants in focus groups with staff, supervisors, and OCC attorneys all described routine use of drug testing to rule out substance use as an issue, or if there is any suspicion or history of drug use. Others viewed drug screening as needed to ensure safety and not overused, so this is not completely consistent across the state.

Beyond the ongoing struggles with the accessibility of quality mental health and substance abuse providers, members of the DCFS Parent Advisory Council recommended for the Division to expand allegations that can be assigned to the Differential Response pathway, to increase the capacity of Nurturing Families of Arkansas, to invest in the developing supportive housing programs, to expand Safe Babies Court Teams in Arkansas, and to develop more parent partner programs.

Since some services are not available locally, staff and supervisors across the state noted that transportation remains an issue to accessing services in Arkansas during the 2018 root cause analysis focus groups. It is not uncommon for clients have to have to travel significant distances to obtain services, which may then negatively impact their jobs if they have to request time off not only to receive a particular service, but also additional time to account for the travel time to a particular service. Likewise, the lack of some quality services in certain areas then results in agency staff spending a majority of their time transporting clients to services.

Focus group participants agree that basic services, such as local community mental health services and parenting education classes, are available in all counties. There is still an opportunity to further individualize them. The majority of Area Directors stated that individualizing services needs a lot of work, as they are not addressing the families' specific issues. One Area Director reported that when it comes to mental health services, children are in waiting rooms for hours. Another example is that very limited play therapy services are available statewide, which could be a way to individualize a young child's therapeutic needs. There are also limited numbers of trained Trauma Focused Cognitive Behavioral Therapy (TFCBT) providers across the state (list of trained therapists can be located at www.arbest.uams.edu/clinician). Staff also identified the need for specialized parenting education classes for low-functioning families and

parenting coaches that can assist, monitor, and model good parenting choices. Root cause analysis for the CFSP PIP also identified lack of adequate mental health services for foster youth aged 6-17 as a factor preventing timely permanency.

Some stakeholders claimed that judges tend to order the same services regardless of each family's particular circumstances. For example, a couple of stakeholders reported that judges almost always order parenting classes, even in cases where parenting is not an issue. A few stakeholders believe that DCFS workers are overloaded in just ensuring basic needs are met for children, and thus do not have the time to focus on individualizing service plans. As a result, children are not getting the services that they need.

In response to concerns regarding quality and accessibility of services, the Division has contracted for new services, expanded services already in place, increased oversight on service contracts to improve quality and responsiveness to client needs. Some examples are listed below:

- Intensive In-Home Services contract: services are currently being provided by three providers to 37 counties in the state that did not have IFS.
- Nurturing Families of Arkansas (NFA): program has been expanded to include youth ranging in age 5-18 in In-Home, non-court involved cases; and to pregnant and parenting youth in foster care, and DR cases.
- All provider contracts have been assigned to Program Managers appropriate for the service, (e.g. the TDM Program Manager provides oversight for all drug treatment contracts, the Foster Care Manager provides oversight on home study contracts and adoption summary contracts, In-Home Program Manager provides oversight for NFA, Intensive In-Home, and Intensive Family Services (IFS) contracts, etc.)

Below are the maps of the current providers for contracted services:

SFY 2019 INTENSIVE FAMILY SERVICES PROVIDERS

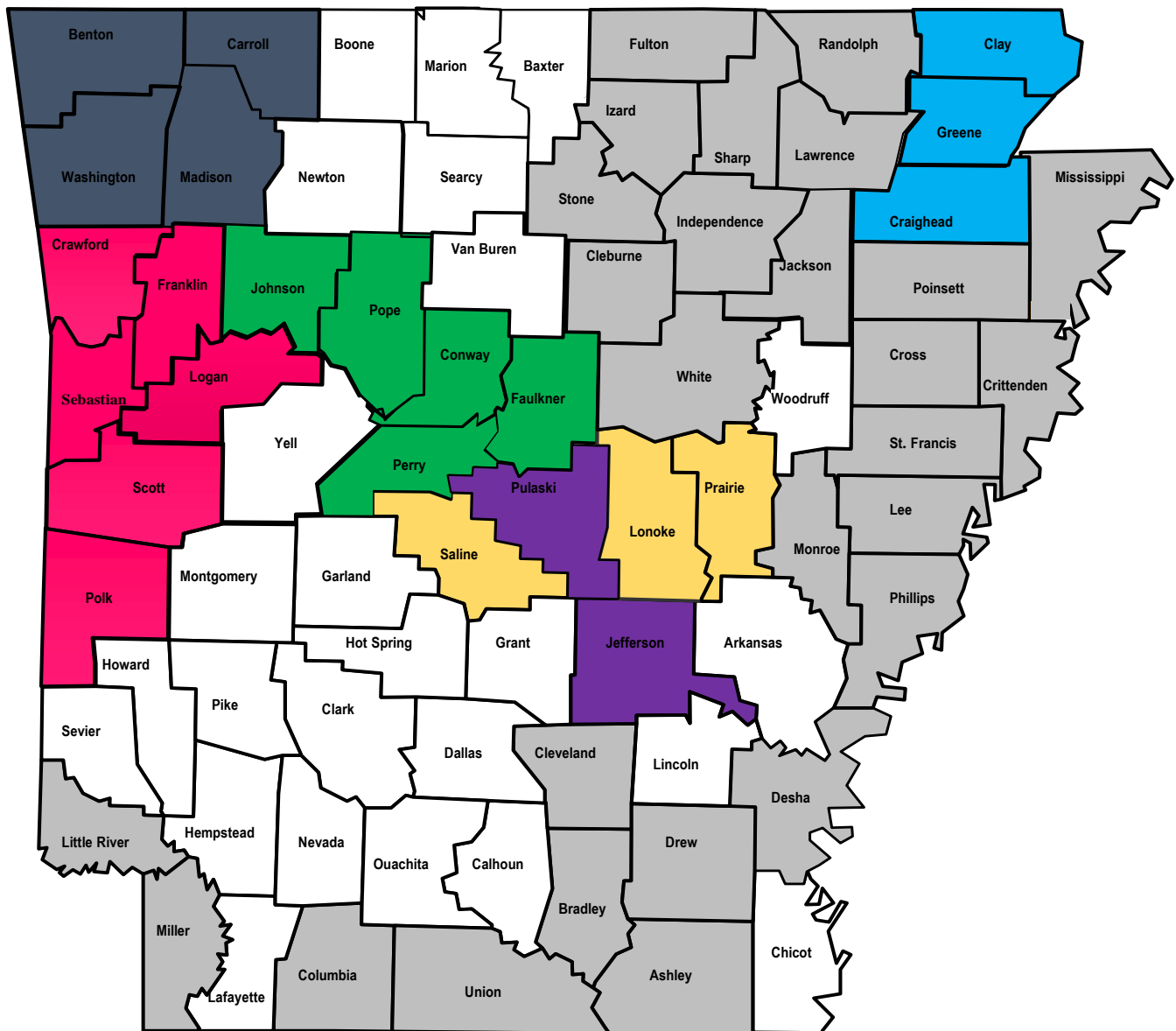
- Housley Counseling – Area 1 (Benton, Carroll, Madison, & Washington)
- Counseling Associates, INC. – Areas 2 (Johnson), Area 3 (Perry), Area 5 (Conway, Faulkner, & Pope)
- HLH consultants, LLC – Area 6 (Pulaski) Area 7 (Jefferson)
- Life Strategies Counseling, INC. – Area 8 (Clay, Craighead, & Greene)
- Southern Counseling Services – Area 7 (Bradley & Cleveland); Area 4 (Columbia, Little River, Miller, & Union), Area 8 (Fulton, Izard, Lawrence, Mississippi, Randolph, & Sharp), Area 9 (Clebune, Crittenden, Cross, Independence, Jackson, Poinsett, Stone, & White), Area 10 (Ashley, Desha, Drew, Monroe, St. Francis, Lee & Phillips)
- Martin Counseling Services – Area 3 (Saline) Area 7 (Lonoke & Prairie)
- Western AR Counseling & Guidance – Area 2 (Crawford, Franklin, Logan, Scott, Sebastian) Area 3 (Polk)

**ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN AND
FAMILY SERVICES**

SERVICE AND IFS PROVIDER Services

by County

State Fiscal Year 2019



KEY

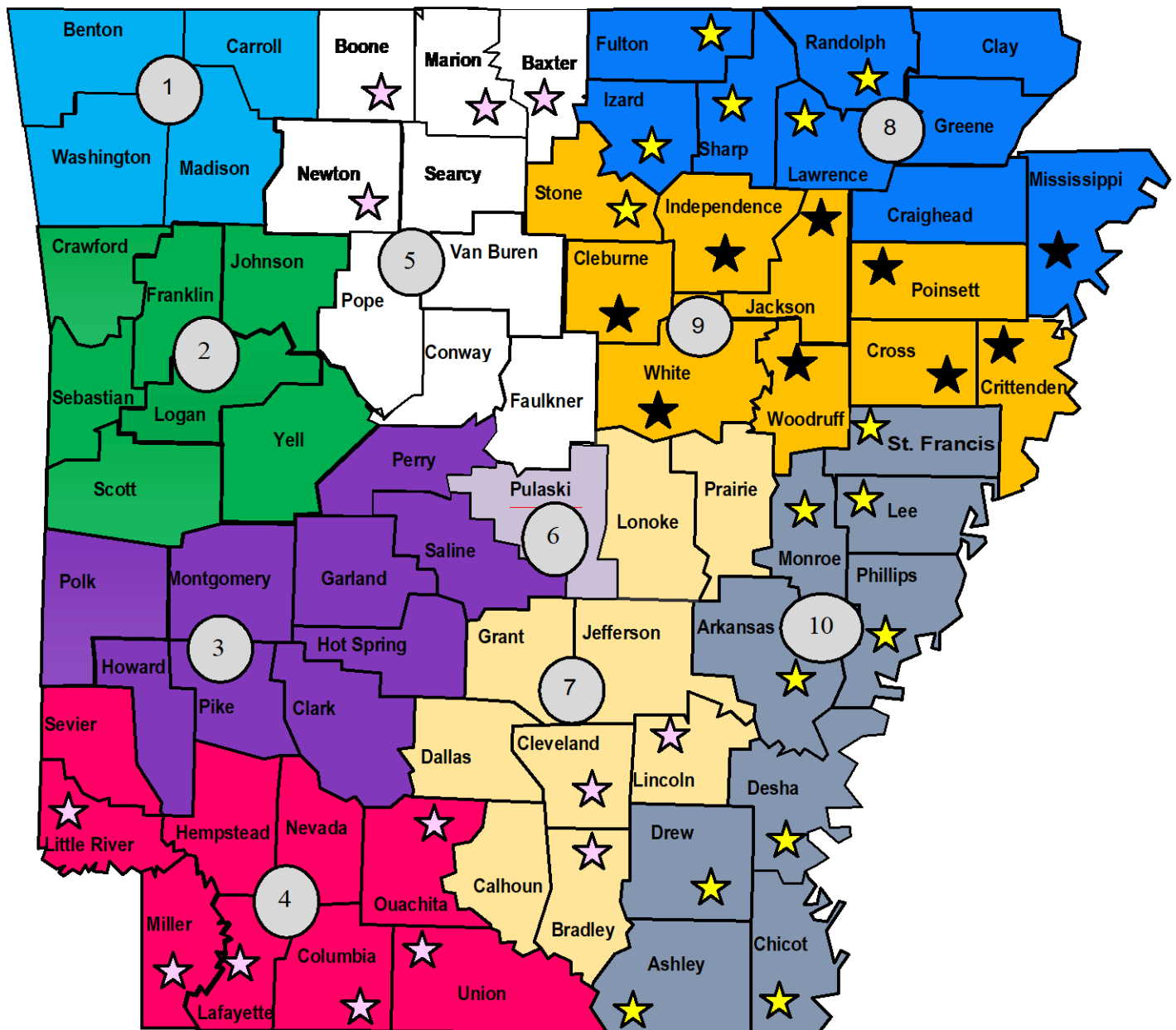
Provider			DCFS Areas/Counties
1		Housley Counseling	Area 1 (Benton, Carroll, Madison, & Washington)
2		Counseling Associates	Area 2 (Johnson); Area 3 (Perry); Area 5 (Conway, Faulkner, and Pope)
3		HLH Consultants	Area 6 (Pulaski); Area 7 (Jefferson)
4		Life Strategies	Area 8 (Clay, Craighead, and Greene)
5		Southern Counseling Services	Area 4 (Columbia, Miller, and Union); Area 7 (Bradley and Cleveland); Area 8 (Fulton, Izard, Lawrence, Mississippi, Randolph, and Sharp); Area 9 (Cleburne, Crittenden, Cross, Independence, Jackson, Poinsett, Stone, and White; Area 10 (Ashley, Desha, Drew, Monroe, St. Francis, Lee, and Phillips)
6		Martin Counseling Services	Area 3 (Saline); Area 7 (Lonoke and Prairie)
7		Western AR Counseling & Guidance Center	Area 2 (Crawford, Franklin, Logan, Scott, & Sebastian)

ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN AND
FAMILY SERVICES

Intensive In-Home Services

by County

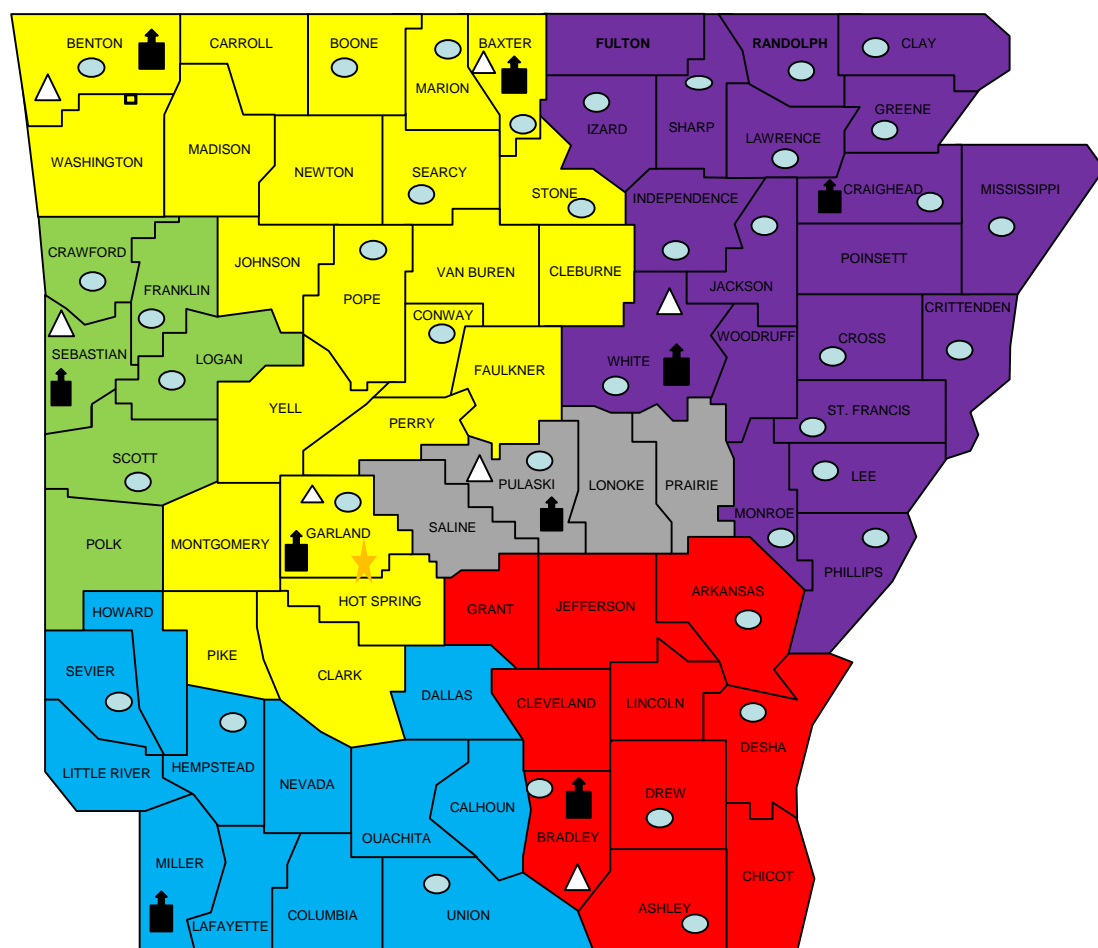
State Fiscal Year 2019




KEY



Provider			DCFS Areas/Counties
1		No Provider	Area 1
2		No Provider	Area 2
3		No Provider	Area 3
4		Youth Advocate Program	Area 4 Counties Served (Little River, Miller, Lafayette, Columbia, Ouachita, Union)
5		Youth Advocate Program	Area 5 Counties Served (Boone, Newton, Marion, Baxter)
6		No Provider	Area 6
7		Youth Advocate Program	Area 7 Counties Served (Lincoln, Cleveland, Bradley)
8		St. Francis and Youth Villages	Area 8 Counties Served by St. Francis (Fulton, Izaard, Sharpe, Lawrence, Randolph) Area 8 Counties Served by Youth Villages (Mississippi)
9		St. Francis and Youth Villages	Area 9 Counties served by St. Francis (Stone) Area 9 Counties served by Youth Villages (Clebune, Independence, White, Jackson, Woodruff, Poinsett, Cross, Crittenden.
10		St. Francis	Area 10 Counties served (St. Francis, Lee, Monroe, Phillips, Arkansas, Desha, Drew, Chicot, Ashley

AR Department of Human Services- Division of Children and Family Services
Substance Abuse Treatment Services



KEY

Residential
Treatment Facility 

Specialized Women's
Services Adolescent
Residential
Treatment 

Out-Patient

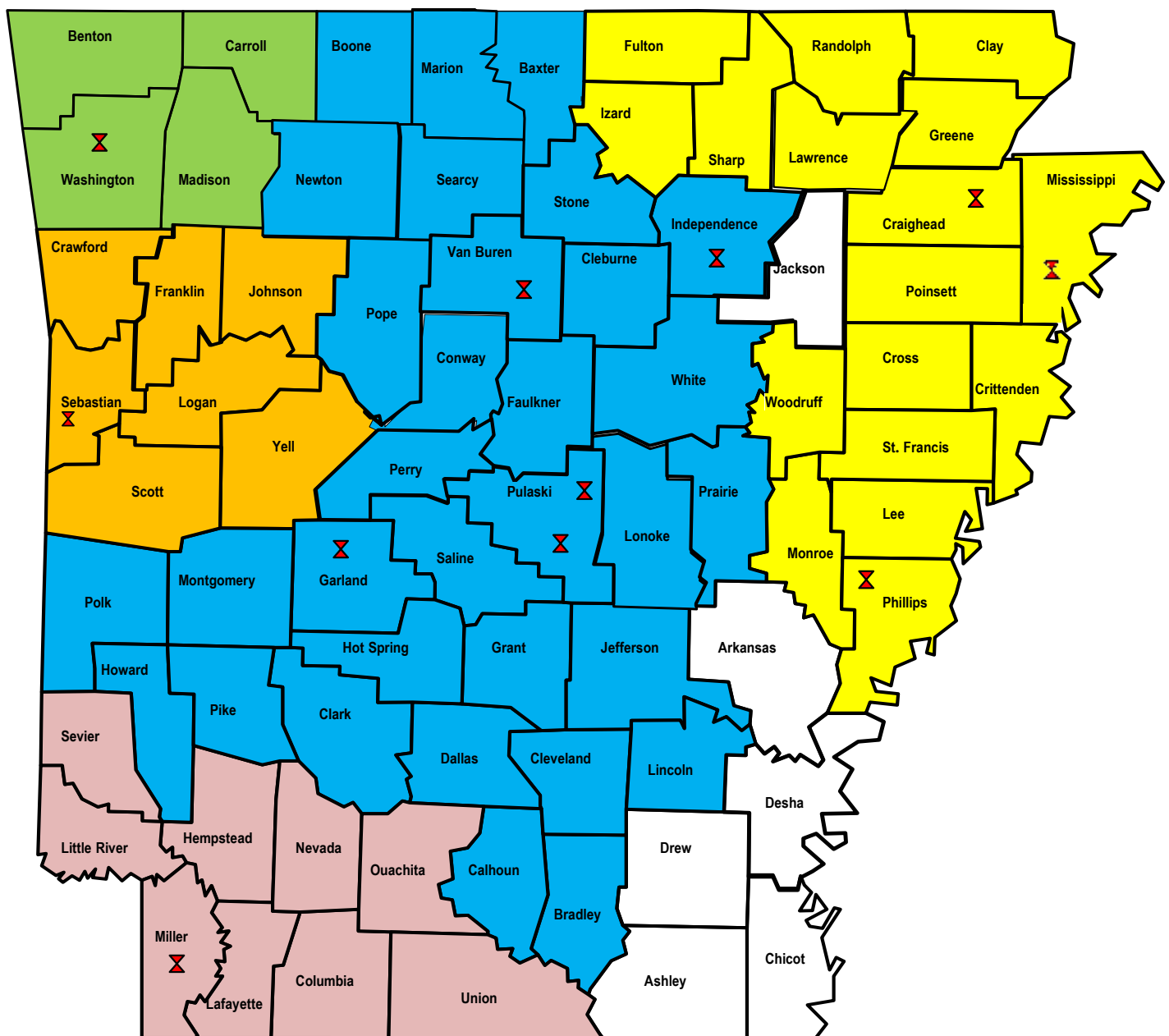
KEY
Color coded
1. Yellow-Quapaw
2. Green-Western AR Counseling and Guidance Center
3. Gray-RCA
4. Blue-SW AR Counseling and Mental Health System
5. Red-10th District Substance Abuse Treatment (New Beginnings)
6. Purple- NE AR Community Mental Health (MidSouth Health System

ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN AND
FAMILY SERVICES

Psychological Evaluation Services






by County

State Fiscal Year 2019



 - Indicates locations where psychological evaluations are conducted.

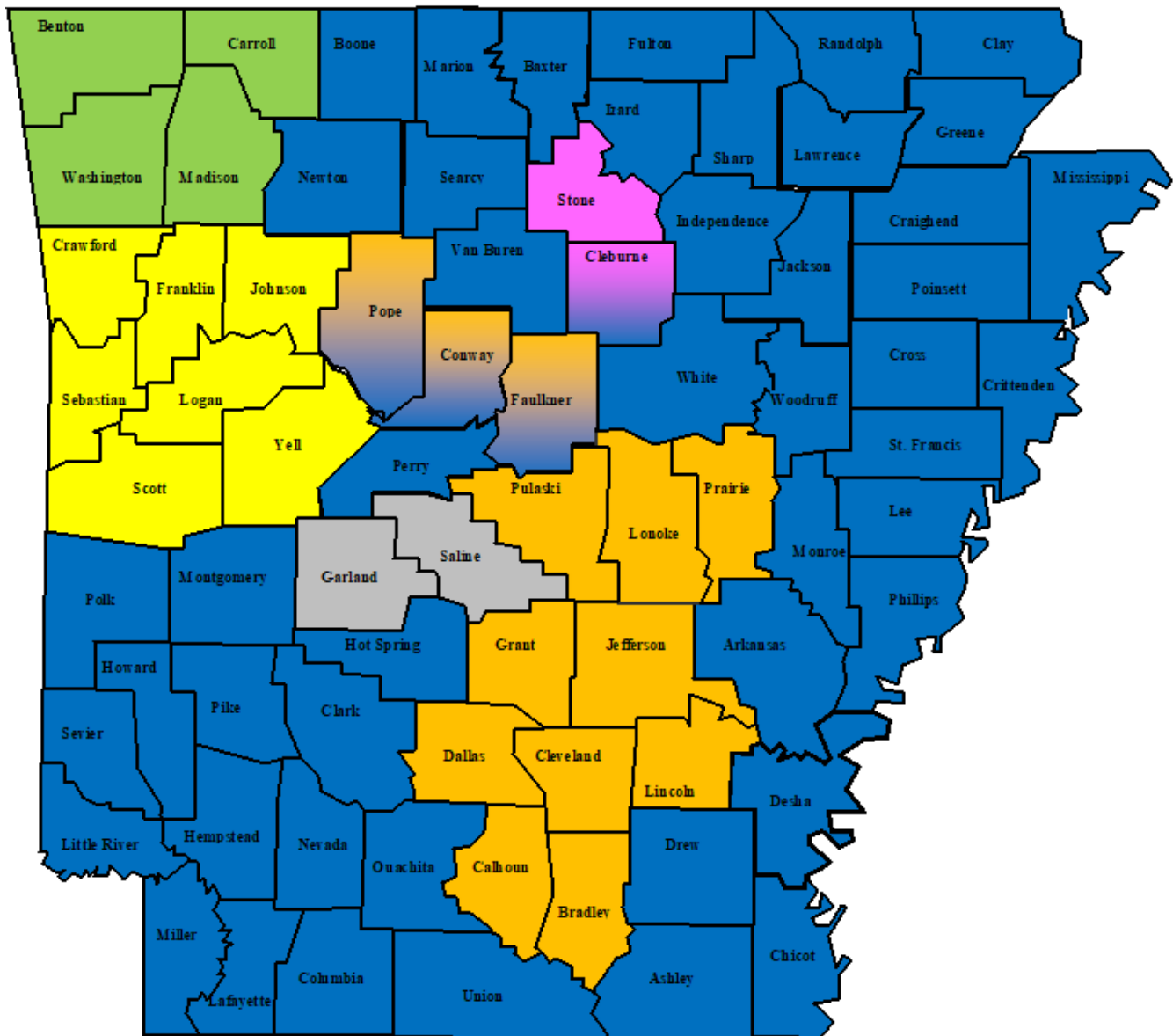
KEY

Provider			DCFS Areas/Counties
1		Dr. Martin T. Faitak	Area 1 (Benton, Carroll, Madison, and Washington)
2		Dr. Robert Spray	Area 2 (Crawford, Franklin, Johnson, Logan, Scott, Sebastian, and Yell)
3		Psychological Care Center	Area 3 (Clark, Garland, Hot Spring, Howard, Montgomery, Perry, Pike, Polk, and Saline)
			Area 5 (Baxter, Boone, Conway, Faulkner, Marion, Newton, Pope, Searcy, and Van Buren)
			Area 6 (Pulaski)
			Area 7 (Bradley, Calhoun, Cleveland, Dallas, Grant, Jefferson, Lincoln, Lonoke, and Prairie)
			Area 9 (Cleburne, Independence, Stone, and White)
4		Dr. Betty Feir	Area 4 (Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, and Union)
5		NE AR Community Mental Health (MidSouth Health Systems)	Area 8 (Clay, Craighead, Fulton, Greene, Izard, Lawrence, Mississippi, Randolph, and Sharp)
			Area 9 (Crittenden, Cross, Poinsett, and Woodruff)
			Area 10 (Lee, Monroe, Phillips and St. Francis)

Home Study Services

by County

State Fiscal Year 2019



KEY

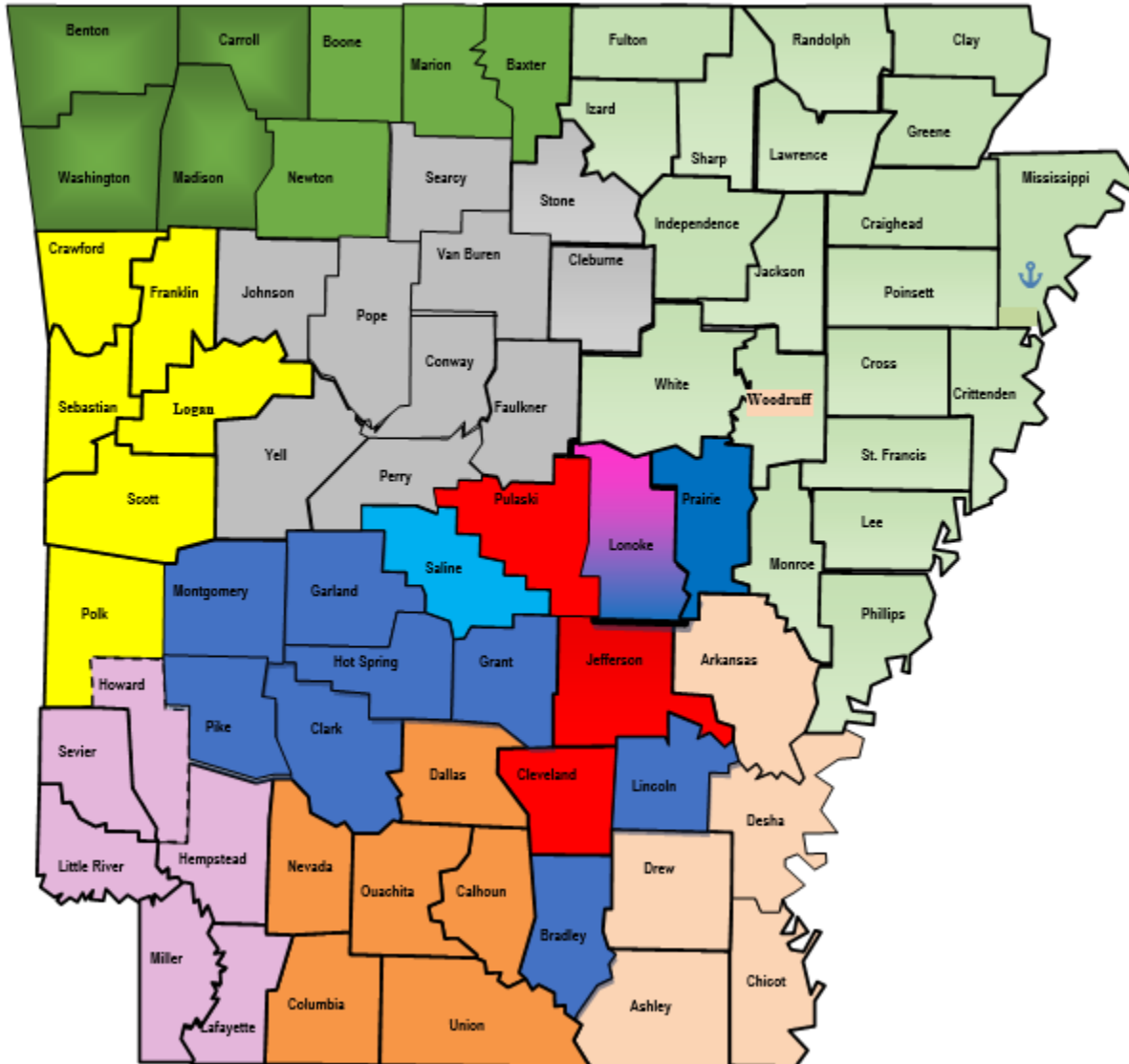
Provider			DCFS Areas/Counties
1		Winn Counseling	Area 1 (Benton, Carroll, Madison, and Washington)
2		Serenity Counseling	Area 2 (Crawford, Franklin, Logan, Scott and Sebastian)
3		Southern Counseling Services	Area 3 (Clark, Hot Spring, Montgomery, Perry, Pike, Polk)
			Area 4 (Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, and Union)
			Area 5 (Baxter, Boone, Marion, Newton, Searcy, and Van Buren)
			Area 8 (Clay, Craighead, Fulton, Greene, Izard, Lawrence, Mississippi, Randolph, and Sharp)
			Area 9 (Cleburne, Crittenden, Cross, Independence, Jackson, Poinsett, White, and Wodruff)
			Area 10 (Arkansas, Ashley, Chicot, Desha, Drew, Lee, Monroe, Phillips, and St. Francis)
5		Libby Slatton, LCSW PA	Area 3 (Garland and Saline)
6		HLH Consultants	Area 5 (Conway, Faulkner, and Pope) Area 6 (Pulaski) Area 7 (Bradley, Calhoun, Cleveland, Dallas, Grant, Jefferson, Lincoln, Lonoke, and Prairie)

ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN AND FAMILY SERVICES

Counseling Services

by County

State Fiscal Year 2019



KEY

Provider			DCFS Areas/Counties
1		Anita Martin	Area 3 (Garland, Hot Spring, Clark, Pike, Montgomery); Area 7 (Bradley, Grant, Lincoln, Lonoke, Prairie)
2		Counseling Associates	Area 2 (Johnson and Yell); Area 3 (Perry); Area 5 (Faulkner, Conway, Pope, Searcy, Van Buren); Area 9 (Cleburne, Stone);
3		Counseling Clinic	Area 3 (Saline)
4		HLH Consultants	Area 6 (Pulaski); Area 7 (Jefferson and Cleveland)
5		Housley Counseling	Area 1 (Benton, Carroll, Madison, and Washington)
6		Life Strategies, Inc.	Area 7 (Lonoke)
7		North East CMHC	Area 8 (Clay, Craighead, Fulton, Greene, Izard, Lawrence, Mississippi, Randolph, Sharp); Area 9 (Crittenden, Cross, Independence, Jackson, Poinsett, White, Woodruff) Area 10 (Lee, Munroe, Phillips, St. Francis)
8		Ozark Guidance Center	Area 1 (Benton, Carroll, Madison, Washington); Area 5 (Newton, Baxter, Boone, Marion)
9		South Arkansas Regional Health Center	Area 4 (Columbia, Nevada, Ouachita, Union); Area 7 (Calhoun, Dallas)
10		Southwest AR Counseling and Mental Health Center	Area 3(Howard) Area 4 (Hempstead, Lafayette, Little River, Miller, Sevier)
11		Western AR Counseling and Guidance Center	Area 2 (Crawford, Franklin, Logan, Scott, Sebastian); Area 3 (Polk)

NOTE: DCFS Counseling services may be provided in-home, office based, or in a natural environment for the client/family.

HOME STUDY CONTRACT PROVIDERS: DIRECTORY

HLH Consultants

Adoption Services/Home Studies Court Ordered and ICPC

Contact: Lauren Ford

Phone: 501-374-5408

Email: hlhconsultants@gmail.com

Coverage Areas: Area 5, 6, 7

Libby Slaton LCSW

Adoption Services/Home Studies Court Ordered and ICPC

Contact: Libby Slatton

Phone: 501-732-6779

Email: libbyslattonlcs@gmail.com

Coverage Areas: Area 3

Southern Counseling Services

Adoption Services/Home Studies Court Ordered and ICPC

Contact: Bill Rubin

Phone: 901-227-2851

Email: bill.rubinscs@comcast.net

Coverage Areas: Area 3,4, 5, 8, 9,10

Winn Counseling PA

Adoption Services/Home Studies Court Ordered and ICPC

Contact: Lyndon Winn

Phone: 479-549-7733

Email: winnd3@gmail.com

Coverage Areas: Area 1

Serenity Counseling LLC

Home Studies and Court Ordered and ICPC

Contact: Cindy Cagle

Phone: 479-883-9442

Email: serenity.sunrisecounseling@yahoo.com

Coverage Areas: Area 2/back up for Area 1

Social Work Services of Arkansas

Home Studies and Court Ordered and ICPC

Contact: Heather Kemper

Phone: 501-279-4276 or 501-278-0236

Email: hkemper@harding.edu

Coverage Areas: Area 9

Agency Responsiveness to the Community

DCFS uses a number of forums to share and gather information from stakeholders across the state. As described in the Collaborations section for this report, quarterly meetings with an Advocacy Council are used to identify ways to improve the assessment, engagement and service delivery practices of DCFS. The professions represented on the council include judges, juvenile justice, CASA, prosecuting attorney's office, faith based communities including the CALL, medical, behavioral /mental health, clinical, a Maternal Child Health representative from the Department of Health, law enforcement, higher education, K-12 education, Commission on Child Abuse, Rape and Domestic Violence, Arkansas Advocates for Children and Family, foster care alumni, foster parent, biological parent, current youth in care and community at large.

Input for the CFSP was provided by stakeholders participating on the state planning team and using Parent Advisory Council's, Foster Parent Advisory Council's, and Youth Advisory Board's recommendations. DCFS has also encouraged involvement of legal stakeholders, MidSouth, CIP Lead, and field staff representation in the development of the court prep training. Stakeholder feedback and participation was also included in the root cause analysis and PIP development. Provider engagement has also been elicited as the Division moves toward implementing the Family First Prevention Services Act. Discussions with placement providers began in July 2018, including an all-provider meeting facilitated by Casey Family Programs to

discuss the changes in funding and the direction the state was going. Smaller meetings based on interest in placement type were held in August and September to have more focused conversations with providers. An immense amount of collaboration with the Division's sister agency, the Division of Medical Services and the new managed care companies has also occurred given the March 2019 full-implementation of Arkansas's managed care system, the Provider-led Arkansas Shared Savings Entity (PASSE) and working through issues with the transformation. Legal and other stakeholder engagement was utilized throughout legislative session, improving communication with sheriff's offices (sheriff's email), and regarding plans to increase the use of Child Advocacy Centers (CACs).

Other forums or strategies used to gain input and support from the community include presenting at conferences and workshops, conducting and sharing information from surveys, issuing special reports and holding meetings with targeted audiences. Internally, quarterly meetings are conducted with targeted audiences, such as with Differential Response staff, resource recruitment and retention staff, and supervisors. DCFS will continue to develop reports and data that are simple in presentation and can be understood in many venues so that the needs of children and families in Arkansas are more effectively communicated.

Information gathered from stakeholders is shared with DCFS' Executive staff on an ongoing basis which is then used to brainstorm and strategize on needed changes to enhance the support and supervision provided to direct services staff, help them to enhance their skills, and develop improved practices with families and relationships with community partners.

Continuous Quality Improvement meetings with Service Area staff are also conducted no less than annually. Findings from the Quality Services Peer Review, examination of child protective services practices, are used to identify promising practices and areas where practice improvement is needed. Area Directors are encouraged to develop and implement the goals and objectives of DCFS' CFSP through development of individualized Program Improvement Plans.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Foster Parent Training

Stakeholders who participated in the CFSR focus groups seemed to generally believe that initial training for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities is received timely for initial and ongoing training.

The state uses the Foster/Adopt PRIDE (Parents' Resource for Information, Development, and Education) training curriculum as the Foster Parent pre-service training program. This curriculum was developed by the Child Welfare League of America. To date in SFY 2019, 763 PRIDE completions from July 1, 2019 - June 26, 2019.

The training records that are completed by foster and adoptive applicants at UALR MidSOUTH Training Academy Foster are transferred nightly into DCFS CHRIS training records for those applicants. Foster and adoptive homes may not be open for placement in CHRIS until the prospective foster and adoptive parents have successfully completed the required initial training.

The Division Permanency Planning team meets regularly to monitor and recommend program improvements related to recruitment, training and retention of resource family homes.

Minimum Licensing Standards for Child Welfare Agencies outline the training requirements for therapeutic foster care (TFC) parents. Most TFC providers in Arkansas use either the PRIDE curriculum or the Pressley Ridge curriculum as the initial training for their foster parents. As with DCFS foster homes, TFC foster homes cannot be open for placement until the prospective TFC foster parents have successfully completed the required initial training curriculum required for a particular TFC provider. PRLU also monitors initial and ongoing training for TFC providers.

Regarding how well the initial and ongoing training addresses the skills and knowledge base needed to carry out duties related to caring for children involved in the child welfare system, feedback from the Foster Parent Advisory Council and other foster parents via Foster Parent Associations and annual area foster parent conferences continue to register complaints that PRIDE is outdated and does not fully prepare people to become foster parents while others concede that the training is sufficient and that no training can fully prepare an individual for fostering. The Foster Parent Advisory Council has also stated that more needs to be included about working with biological family members.

There continue to be complaints registered with the Foster Care Unit that ongoing training can be difficult to access due to travel and child care issues. Many people have asked if all fifteen (15) continuing education hours may be completed online or by reading books but the Division's current stance is that networking with other foster and adoptive parents and the ability to interact with and ask questions of the trainer is a crucial part of continuing education.

The agency is collaborating with the Foster Parent Advisory Council to look at available Foster Parent Training Curricula to make recommendations about training moving forward. Also, in 2018 the Division implemented new contracts for continuing education for foster parents that are responsible for providing training opportunities for foster parents. See the 2020-2024 Training Plan for more information.

Based on the information above, foster and adoptive parents receive training pursuant to the established continuing education requirement and time frames for the provision of initial and ongoing training. In addition, these initial and ongoing trainings address the skills and knowledge base needed to carry out their duties regarding foster and adopted children to the extent that a classroom-based training curriculum can do so.

Foster and adoptive parent licensing, recruitment, and retention

Consistent with the statutory and regulatory requirements of the Federal Foster Care Program, as authorized by Title IV-E of the Social Security Act, Arkansas maintains consistent standards for the approval of all foster and adoptive homes and child care institutions within the state. The Child Welfare Agency Review Board, as authorized under the Child Welfare Agency Licensing Act (Ark. Code Ann. 9-28-401 et. seq.), prescribes minimum licensing standards for child welfare agencies, as defined under the statute. Specifically, the Child Welfare Agency Review Board (CWARB) promulgates and publishes rules and regulations setting minimum standards governing the granting, revocation, refusal, conversion and suspension of licenses for a child welfare agency and the operation of a child welfare agency. According to A.C.A. 9-28-402(14), "Minimum standards" means those rules and regulations as established by the Child Welfare Agency Review Board that set forth the minimum acceptable level of practice for the care of children by a child welfare agency. These standards are outlined in the Minimum Licensing Standards for Child Welfare Agencies publication produced by the CWARB and the Placement and Residential Licensing Unit within the Division of Child Care and Early Childhood Education (PUB-004).

The Placement and Residential Licensing Unit is charged with the enforcement of the Child Welfare Agency Licensing Act 1041 of 1997. The Unit inspects and monitors Residential, Emergency Residential, Psychiatric Residential Treatment, Independent Living facilities for children, and Child Placement Agencies that place children into foster and adoptive homes, and into residential facilities, in accordance with the Minimum Licensing Standards for Child Welfare Agencies. The Unit makes recommendations to the Child Welfare Agency Review Board for licensure of agencies and alternative methods of compliance with standards, investigates complaints of violations of licensing standards, and if necessary recommends adverse action against an agency found to be in violation of the standards.

As described in PUB-30: Foster Parent Handbook and the DCFS Policy and Procedure Manual, the Department of Human Services, acting through the Division of Children and Family Services, serves as the court-appointed legal custodian for children in foster care. All children within the Department's custody must be placed in a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency as defined at A.C.A. § 9-28-402. DCFS is a licensed Child Welfare Agency and all its approved foster homes must follow all licensing requirements and DCFS policies.

The definition of foster home in Arkansas law will be amended effective July 24, 2019 to align with the Family First Prevention Services Act definition of foster family home. Although the licensing standards' definition of a foster home does not include adoptive homes, DCFS foster and adoptive homes must meet the same licensing standards to comply with federal funding regulations. Anything less than full licensure or approval is insufficient for meeting title IV-E eligibility requirements.

The Division is responsible for selecting an appropriate foster home placement for each child who enters foster care. The home must meet foster home standards and the individual child's needs for the duration of placement. To have an appropriate foster home for each child in foster care, to minimize the risks involved in placement of a child in foster care, and to ensure that the child in foster care will not be moved from one foster home to another, it is necessary to select families based on careful assessment. The purpose of the assessment process is to:

- evaluate the applicants' personal qualifications and physical requirements of the home outlined in this publication;
- educate prospective foster parents on the characteristics of children in foster care;
- evaluate their ability to meet those needs; and,
- evaluate the applicants' compliance with the Minimum Licensing Standards and DCFS policy requirements for foster homes.

The home assessment is a mutual selection process. It involves several components including, but not limited to, background checks (e.g., Central Registry, State Police Criminal Record Check, FBI Criminal Record Check) an in-home consultation visit, 30 hours of pre-service training (e.g., PRIDE), CPR and Standard First Aid training (no placements can be made in the foster home until the foster parents have obtained CPR and First Aid certification), a home study (e.g., SAFE home study), and ongoing consultation with the prospective foster parents to ensure that all appropriate criteria related to both compliance and quality are met. At least one parent in the foster home must be able to communicate effectively in the language of the child. However, this does not apply to foster parents for infants or short-term emergency placements.

Standards of approval include minimum licensing standards as well as DCFS policy requirements. Foster home standards are based on the personal qualifications of applicants and household members as well as the physical standards of their home. Families must continue to meet the standards for the duration of their service as a foster home.

There are two types of DCFS foster homes, including Provisional Foster Homes and Regular Foster Homes. Provisional foster homes are identified and recruited by the Family Service Worker, who, to preserve family connections and expedite placement, may seek to place a child in foster care with a relative or fictive kin. On-call staff have access to run background checks at all hours of the day and night in order to facilitate same day placements with appropriate relatives, reducing the trauma for the child when having to be removed from their parent.

- “Relative” means a person within the fifth degree of kinship to the child or to at least one of the children in a sibling group, including step-siblings and half-siblings, by virtue of blood or adoption (Policy VI-A) if one has been identified and is appropriate.
- “Fictive kin” means a person not related by blood or marriage, but who has a strong, positive, emotional tie to a child and has a positive role in the child’s life if one has been identified and is appropriate.

The purpose of opening a provisional foster home is to enable DCFS to make an expedited placement for a child with a relative or fictive kin with whom a bond already exists. Therefore, a provisional home may be opened before the results of the FBI Background Check are received, before the provisional foster parents have completed the pre-service training, and before a full home study is finished. Central Registry checks, Criminal Record checks, Department of Motor Vehicle checks, and an In-Home Consultation is completed with the family prior to placement. The In-Home Consultation includes a visual inspection of the home, income verification, assessment of the relationship between the relative and the child(ren), etc. These are the only

differences in initial approval requirements, including Minimum Licensing Standards, between provisional foster homes and regular foster homes in Arkansas.

Once opened as a provisional home, DCFS staff works with the foster parents in that home to bring them into full compliance within a six-month period. Provisional foster homes that are not in full compliance at the end of six months must be closed and the child(ren) removed, unless the relative has acquired custody. During the period that the home is on provisional status, a foster care board payment is not provided. However, provisional foster parents may apply for and receive benefits for which the relative and/or fictive kin is entitled due to the placement of the child in the home (e.g., SNAP). Provisional foster homes may also receive child support or any federal benefits (e.g., SSA) paid on behalf of the child, as applicable.

If the home is opened as a regular foster home, a foster care board payment will then be provided to help support the needs of the child placed in the home. However, if the home received any child support and/or any federal benefits paid on behalf of the child while the home was on provisional status, those child support payments and/or federal benefits are factored in and the board payment will be adjusted accordingly. Once opened as a fully approved foster home, the foster parents may then request to care for children who are not related or not fictive kin children in foster care with the understanding that additional evaluation of their home would be required to ensure that it would be an appropriate placement for children who are not related or not fictive kin to the foster parent(s).

Regular Foster Homes are approved foster homes that may provide care for both related and non-related children. In addition, a Regular Foster Home may also serve, if desired, as an informal respite home. An informal respite home is an approved DCFS foster home that can provide temporary care (no more than seven continuous days at one time) for children in out-of-home placements when the children's full-time foster family is unable to do so, and a member of the foster family's support system cannot assist.

Appendix 6 within the DCFS Policy and Procedure Manual (p. 444) provides an infographic outlining the foster/adoptive parent application and assessment process. DCFS Policy VII-D provides that DCFS will deny the approval of a home if, at any point during the home assessment process, it is determined that an applicant does not meet the standards or any other criteria of a quality foster home.

DCFS Policy VII-E outlines that, to ensure the continued quality of all DCFS foster homes, the Division must reevaluate each foster home's ability to care for children at least annually and whenever there is a major life change. Major life changes include:

- Death or serious illness among the members of the foster family.
- Marriage, separation, or divorce.
- Loss of or change in employment.
- Change in residence.
- Suspected child maltreatment of any child in the foster home.
- The addition of family members (e.g. birth, adoption, aging relative moving in).

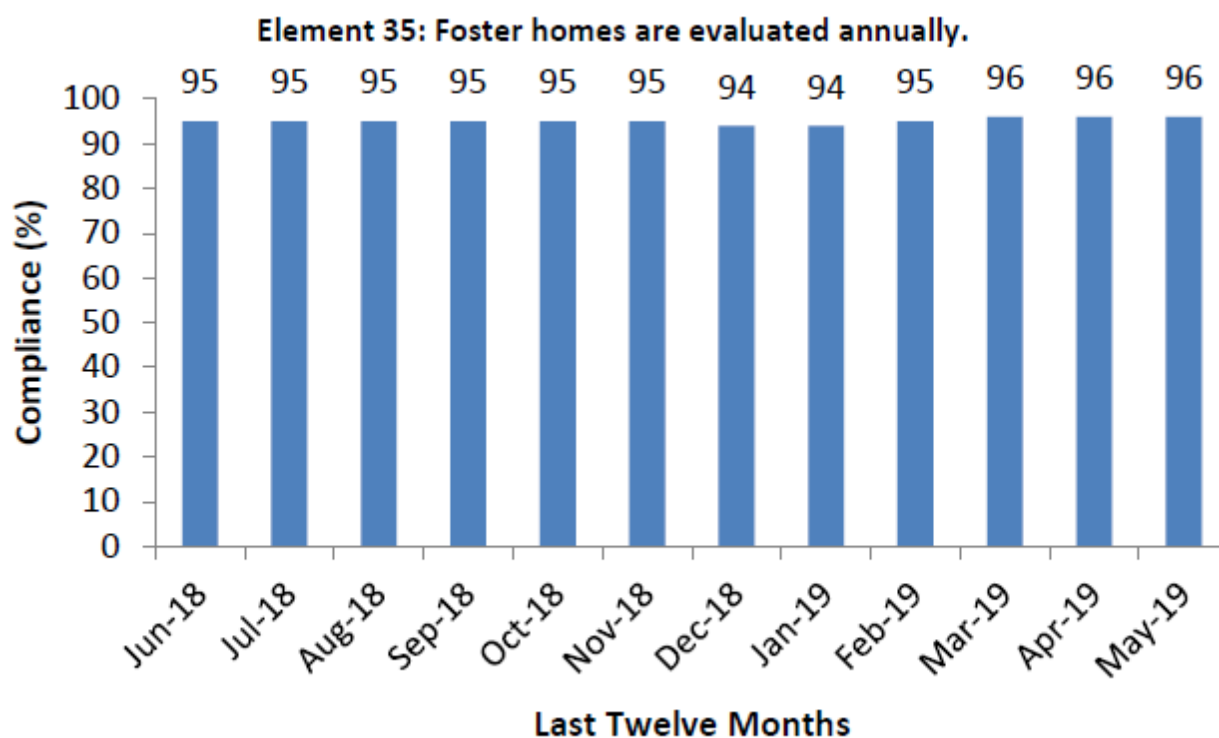
The completion and approval of all foster home reevaluations must be documented in CHRIS. If a foster home reevaluation is not completed and documented annually in CHRIS, any IV-E eligible child placed in the home will lose IV-E eligible claim-ability until the reevaluation of the family is completed and documented.

In addition to continuing to meet all Minimum Licensing Standards and DCFS Policy requirements as they relate to foster homes, foster parents must also complete a minimum of 15 hours of Division-sponsored or Division-approved in-service training annually after the first year of service. No more than five hours of videos, TV programs, books, or online courses for each foster parent will be accepted per year and must have prior approval by the Area Director or designee. Foster parents must also maintain current CPR certification and Standard First Aid training. Maintenance of CPR certification and First Aid training is in addition to the fifteen hours of continuing education and, therefore, cannot be counted as part of the annual 15 hour continuing education requirement. Foster parents must complete their annual in-service training requirements before any additional children in care are placed in their home, unless an exception is granted. Foster parents who do not meet the in-service training requirements will be notified that they must complete the in-service training requirements within 60 days. No additional children will be placed in the home during this 60-day period. If the foster parents' annual in-service training requirements are more than 60 calendar days overdue, then a reevaluation will also be required unless an extension to meet in-service training requirements has been granted by the Area Director. Such extensions are the exception and not the rule.

Procedure VII-E1 outlines the processes involved in the quarterly monitoring of foster homes by DCFS, while Procedure VII-E2 defines the procedures associated with foster home reevaluations. CHRIS Net reports such as the "Foster Home Quarterly Visit CFS-475B" and "Foster Family Home Reevaluations Due and Upcoming by Month" reports assist Resource Workers and supervisors in monitoring the quarterly visit and reevaluation requirements. The

“Open Foster Home Eligibility Summary and Detail” report on CHRIS Net also assists Resource Workers, supervisors, and management in monitoring the ongoing status and eligibility of DCFS providers. This report summarizes by county the number of foster homes by Eligible and Not Eligible Status, and staff can drill down to individual providers to get more detailed information regarding providers who are no longer IV-E-Eligible.

The Compliance Outcome Report (COR) is a monthly report generated by NCCD from CHRIS which measures 35 indicators that represent standard casework or case-related activities, many of which must comply with state regulatory requirements. Element 35 monitors foster home reevaluations, specifically the percentage of foster homes that require a reevaluation that receive a reevaluation. The following table represents the percentage of foster homes that received their annual reevaluations from June 2018 through May 2019.



In order to secure the best placement for each child in foster care, the Division seeks to maintain a large pool of quality foster homes. For this reason, Policy VII-F provides that the Division will consider reopening foster homes when situations arise where foster parents who previously self-elected to close their home and/or whose home was closed by the Division would like to reopen. Requirements vary depending on how long a foster home has been closed. Procedures VII-F1,

VII-F2 and VII-F3 outline the processes involved in the re-opening of foster homes based on whether they have been closed less than one year, more than one but less than two years, or more than two years, respectively.

Appendix 8 on pages 446 through 449 of the DCFS Policy and Procedure Manual delineates the protocol for policy waivers and alternative compliance. A “Policy Waiver” is defined as a request to deviate from the letter of the DCFS Policy, and procedures or standards. The DCFS Director approves all policy waiver requests. An “Alternative Compliance” is defined as a request for approval from the Child Welfare Agency Review Board to allow a licensee to deviate from the letter of a regulation. The licensee must demonstrate substantial compliance with the intent of the regulation. This includes, but is not limited to, regulations governing background checks and convictions for prohibited offenses. Traffic violations, other than DUI or DWI, do not require a policy waiver or alternative compliance as they are dealt with through the vehicle safety program. DUI and DWI violations require a policy waiver.

The procedures for requesting a policy waiver or an alternative compliance are the same, up until the point when the request is given to the Assistant Director of Community Services. The FSW initiates each request and then sends them up through their supervisor and area director, either of whom may deny the request based on the specific circumstances surrounding the situation necessitating such an exception. The assistant director or her designee will determine if the requested policy waiver or alternative compliance should be approved or denied. Denials are sent back to the area director and then on to the supervisor, FSW and the family. For policy waivers, the Assistant Director’s recommendation for approval is sent to the DCFS Director for final approval or denial. The Director’s final decision is then conveyed to the FSW for appropriate action.

The following require a policy waiver:

- Any misdemeanor convictions, except for minor traffic violations
- Driving under the influence (DUI) or Driving while intoxicated (DWI)
- Any issues that are not in compliance with DCFS Policy

For alternative compliance (AC), the assistant director’s recommendation for approval is sent to the director for her review. If the director denies the request for an AC, it is sent back to the assistant director. If the director approves of the request, then she will send the AC to the manager of the Placement and Residential Licensing Unit (PRLU) within DCCECE.

The PRLU Manager will then review the AC request to ensure all required documents are in the packet and request that any missing documentation be submitted. Once all the required documentation is included in the AC packet, the PRLU Manager will place the AC request on the agenda of the next scheduled meeting of the Child Welfare Agency Review Board. The Foster or Adoptive Parent and FSW who made the original request for the alternative compliance will appear before the CWARB to answer questions, and then the CWARB will give final approval or denial of the request.

The crimes that require an alternative compliance from the CWARB are outlined in Appendix 8 of the DCFS Policy and Procedure Manual. The specific offenses/crimes for which a person may not ever request an AC because they are forbidden are also listed in Appendix 8.

Consistent with the Unit's monitoring of all child welfare agencies, PRLU assigns licensing specialists to monitor DCFS for compliance with licensing standards. The licensing specialists will issue a corrective action notice if any deficiencies are found. The notice will state the agreement regarding the corrective action and a reasonable timeframe for the violation to be corrected.

Section 102 of the Minimum Licensing Standards publication outlines PRLU's requirements around inspections, investigations and corrective actions. These policies have been developed to meet or exceed the minimum licensing requirements. PRLU must conduct licensing inspections, often referred to as monitor visits, to all licensed agencies, foster homes and facilities to ensure continued compliance with all licensing standards.

Licensing specialists must investigate complaints of alleged violations of licensing standards against all placement agencies and residential facilities, and they may participate in investigations of alleged child maltreatment. Licensing complaints must be initiated within 72 hours and must be completed within 60 days of receipt of the allegations.

Inspections and investigations may be scheduled or unscheduled, at the discretion of the licensing specialist, and may be conducted outside regular working hours. Routine residential inspections are generally unscheduled except when there is a need to meet with particular staff that may not otherwise be available or to review records not kept on site. At least one unannounced after hours visit must be conducted at each facility annually. Foster home visits are generally scheduled.

The frequency of inspections is at the discretion of the Licensing Unit and may be based on the agency's compliance history. However, the standard requirements are as follows:

- Each active residential facility shall be inspected each trimester.
- No fewer than monthly visits shall be conducted at newly licensed agencies.
- Agencies requiring more frequent monitoring due to compliance history shall be determined by the Licensing Specialist in consultation with their supervisor.
- Each building used as resident housing or for resident programs shall be inspected by licensing at least annually.
- Each building used as resident housing or for resident programs at facilities with a small campus shall be inspected at each visit regardless of the nature of the visit.
- A minimum of ten resident records shall be reviewed at least annually.
- A minimum of ten personnel records shall be reviewed at least annually.
- A review of background checks of each personnel record shall be conducted annually.
- Placement agency records shall be reviewed at least annually.
- DCFS foster homes shall be visited at least annually.
- A minimum of at least ten private agency foster homes shall be visited annually.

The Placement and Residential Licensing Unit reviews approximately 75 to 80 percent of DCFS foster homes annually to ensure that DCFS is successfully monitoring provider compliance, e.g., the annual ongoing training requirement. PRLU staff documents this information in their electronic Placement and Residential Licensing System (PRLS).

As described above, DCFS and other child welfare agencies may request an alternative compliance to a licensing standard from the Child Welfare Agency Review Board. The CWARB may grant an agency's request for alternative compliance upon a finding that the child welfare agency does not meet the letter of a regulation promulgated under the Child Welfare Agency Licensing Act but that the child welfare agency meets or exceeds the intent of that rule through alternative means.

If the board grants a request for alternative compliance, the child welfare agency's practice as described in the request for alternative compliance shall be the compliance terms under which the child welfare agency will be held responsible and violations of those terms shall constitute a rule violation. The CWARB has authorized the managers and supervisors of the Licensing Unit to make temporary rulings regarding alternative compliance requests when the best interests of a child require an immediate decision, subject to final approval at the next regularly scheduled meeting of the Board.

Alternative compliance requests granted in the areas listed below must be time-limited and shall not exceed two years in length. These alternative compliances shall be monitored on an ongoing basis for compliance and shall be reviewed by the CWARB every two years:

- Floor space
- Staff to Child ratio
- Capacity
- Sleeping arrangements
- Bathrooms

Requirements for Criminal Background Checks

Compliance with Federal Requirements for Criminal Background Clearances

The Child Welfare Agency Licensing Act (A.C.A. § 9-28-409) requires that child welfare agencies conduct background checks on certain individuals. These agencies must conduct the background checks using forms approved by the Placement and Residential Licensing Unit. Consistent with the Act, Minimum Licensing Standards require the following checks:

Child Maltreatment Central Registry – each of the following persons in a child welfare agency must be checked for reports of child maltreatment (initially and then at least every two years) in his or her state of residence and any state of residence in which the person has lived for the past five years and in the person's state of employment, if different:

- An employee having direct and unsupervised contact with children;
- A volunteer having direct and unsupervised contact with children;
- A foster parent and all household members 14 years of age and older, excluding children in foster care;
- An adoptive parent and all household members 14 years of age and older, excluding children in foster care;
- An owner having direct and unsupervised contact with children; and
- A member of the agency's board of directors having direct and unsupervised contact with children.

Arkansas Criminal Record Check – each of the following persons in a child welfare agency must be checked with the Identification Bureau of the Department of Arkansas State Police to determine if the person has pleaded guilty or nolo contendere to or has been found guilty of the offenses listed in the Act:

- An employee having direct and unsupervised contact with children;
- A volunteer having direct and unsupervised contact with children;
- An owner having direct and unsupervised contact with children;

- A member of the agency's board of directors having direct and unsupervised contact with children;
- Foster parents, house parents, and each member of the household 18 years of age and older, excluding children in foster care; and
- Adoptive parents and each member of the household 18 years of age and older, excluding children in foster care.

FBI Background Check – each of the following persons in a child welfare agency who has not lived in Arkansas continuously for the past five years must have a fingerprint-based criminal background check performed by the Federal Bureau of Investigation in compliance with federal law and regulation to determine if the person has pleaded guilty or nolo contendere to or been found guilty of the offenses listed in the Act:

- An employee having direct and unsupervised contact with children;
- A volunteer having direct and unsupervised contact with children;
- An owner having direct and unsupervised contact with children;
- A member of the agency's board of directors having direct and unsupervised contact with children;
- Foster parents, house parents, and each member of the household 18 years of age and older, excluding children in foster care; and
- Adoptive parents and each member of the household 18 years of age and older, excluding children in foster care.

The Child Welfare Agency Review Board has the authority to deny a license to any applicant found to have any record of founded child maltreatment in the official record of the central registry. Any person found to have a record of child maltreatment must be reviewed by the owner or administrator of the agency, in consultation with the CWARB or its designee, to determine corrective action. Corrective action may include, but is not limited to, counseling, training, probationary employment, non-selection for employment, or termination. The Board has designated the Placement and Residential Licensing Unit Management Team with the authority to review and approve corrective action for personnel with a true finding of child maltreatment. All licensing specialists must consult with their supervisor regarding corrective action on all true maltreatment findings. The Board has the authority to deny a license or church-operated exemption to an applicant who continues to employ a person with any record of founded child maltreatment.

All Arkansas State Police Background Check requests are returned directly to the agency making the request. Minimum Licensing Standards requires an agency to notify licensing of an excludable offense. All FBI Background Check results are returned to PRLU. In accordance with

Minimum Licensing Standards, the agency requesting the check is sent a letter stating the applicant does or does not meet eligibility requirements. The agency then notifies the applicant who may contact PRLU for further information.

An owner, operator, volunteer, foster parent, adoptive parent, household member of a foster parent or adoptive parent, member of any child welfare agency's board of directors, or an employee in a child welfare agency may not petition the Child Welfare Agency Review Board unless the agency supports the petition. When petitioning the CWARB, the applicant bears the burden of showing the Board that the applicant does not pose a risk of harm to any person.

The Child Welfare Agency Review Board may permit an applicant to be an owner, operator, volunteer, foster parent, adoptive parent, member of an agency's board of directors, or an employee in a child welfare agency notwithstanding having pleaded guilty or nolo contendere to or been found guilty of a prohibiting offense upon making a determination that the applicant does not pose a risk of harm to any person served by the facility. In making a determination, the Child Welfare Agency Review Board shall consider:

- The nature and severity of the crime;
- The consequences of the crime;
- The number and frequency of the crimes;
- The relation between the crime and the health, safety, and welfare of any person, such as the:
 - Age and vulnerability of the crime victim;
 - Harm suffered by the victim; and
 - Similarity between the victim and the persons served by a child welfare agency;
- The time elapsed without a repeat of the same or similar event;
- Documentation of successful completion of training or rehabilitation related to the incident; and
- Any other information that relates to the applicant's ability to care for children or is deemed relevant.

The Child Welfare Agency Review Board's decision to disqualify a person from being an owner, operator, volunteer, foster parent, adoptive parent, member of a child welfare agency's board of directors, or an employee in a child welfare agency under this section shall constitute the final administrative agency action and is not subject to review.

The only exceptions to these processes involve those requests initiated by DCFS, wherein all State Police and FBI results are returned directly to the Division. The Placement and Residential

Licensing Unit does not receive, and is not authorized, to view the results. The PRLU does facilitate requests to be placed on the agenda of the Child Welfare Agency Review Board Agenda. However, PRLU does not make recommendations or distribute information to the Board members for these requests.

DCFS Policy VII-C outlines the Division's foster home assessment process, including the component related to background checks, which meet or exceed the requirements outlined in the Child Welfare Agency Licensing Act. As described in the Policy and Procedure Manual, DCFS will only place children in approved foster homes where the foster parents and appropriate members of the household have been cleared through a series of background checks, specifically the Arkansas Child Maltreatment Central Registry, the Arkansas Adult Maltreatment Central Registry, the Arkansas State Police Criminal Record Check and an FBI Criminal Background Check (with the exception that placements may be made in Provisional Foster Homes before FBI results are received). Any household member who resides in the home for more than three cumulative months in a calendar year (e.g., an adult biological child of the foster parents who is home for the summer and holiday breaks or a relative who visits for 6 weeks twice a year) must clear all background checks. DCFS' requirements for each of the specific background checks are outlined below:

Child Maltreatment Central Registry – Foster parents and all other members of the household age 14 years and older, excluding children in foster care, must be cleared through the Arkansas Child Maltreatment Central Registry. The Arkansas Child Maltreatment Central Registry Check will be repeated every two years on all appropriate household members. If applicable, a Child Maltreatment Central Registry Check shall also be conducted on each household member age 14 years or older in any state of residence in which they have lived for the past five years, and in their state of employment, if different, for reports of child maltreatment.

State Police Criminal Record Check – Foster parents and all other members of the household age 18- and one-half years and older, excluding children in foster care, must be cleared through a State Police Criminal Record Check. As soon as possible after a household member, excluding children in foster care, reaches his or her 18th birthday, the paperwork to request the State Police Criminal Record Check must be initiated to ensure results are received by the time that household member reaches 18- and one-half years of age. The State Police Criminal Record Check shall be repeated every two years on all appropriate household members.

FBI Criminal Background Check – Foster parents and all members of the foster home who are 18 and one-half years of age and older, excluding children in foster care, must also clear an FBI fingerprint-based Criminal Background Check. As soon as possible after a household member, excluding children in foster care, reaches his or her 18th birthday, the paperwork to request the FBI Criminal Record Check must be initiated to ensure results are received by the time that household member reaches 18- and one-half years of age. The FBI check does not need to be repeated.

DCFS Procedure VII-C1 delineates the Division's processes for handling background checks.

The "Open Foster Home Eligibility Summary and Detail" report on CHRIS Net assists Resource Workers, supervisors and management in monitoring the criminal background check requirement for DCFS providers. This report summarizes by county the number of foster homes by Eligible and Not Eligible Status, and staff can drill down to individual providers to get more detailed information regarding providers who are Non IVE-Eligible including the specific reason why providers are not currently eligible.

The Alternative Compliance process was described in the preceding section under Foster Parenting Licensing. The crimes that require an alternative compliance from the CWARB are outlined in Appendix 8, as are the specific offenses/crimes for which a person may not ever request an AC because they are prohibited.

Consistent with the Act, the following crimes require an Alternative Compliance from the CWARB:

- A. Criminal attempt
- B. Criminal complicity
- C. Criminal conspiracy
- D. Criminal solicitation
- E. Assault in the first, second, or third degree
- F. Aggravated assault
- G. Aggravated assault on a family or household member
- H. Battery in the first, second, or third degree
- I. Breaking or entering
- J. Burglary
- K. Coercion
- L. Computer crimes against minors
- M. Contributing to the delinquency of a juvenile

- N. Contributing to the delinquency of a minor
- O. Criminal impersonation
- P. Criminal use of a prohibited weapon
- Q. Communicating a death threat concerning a school employee or student
- R. Domestic battery in the first, second, or third degree
- S. Employing or consenting to the use of a child in a sexual performance
- T. Endangering the welfare of a minor in the first or second degree
- U. Endangering the welfare of an incompetent person in the second degree
- V. Engaging children in sexually explicit conduct for use in visual or print media
- W. False imprisonment in the first or second degree
- X. Felony abuse of an endangered or impaired person
- Y. Felony interference with a law enforcement officer
- Z. Felony violation of the Uniform Controlled Substance Act
- AA. Financial identity fraud
- BB. Forgery
- CC. Incest
- DD. Interference with court ordered custody
- EE. Interference with visitation
- FF. Introduction of controlled substance into the body of another person
- GG. Manslaughter
- HH. Negligent homicide
- II. Obscene performance at a live public show
- JJ. Offense of cruelty to animals
- KK. Offense of aggravated cruelty to dog, cat, or horse;
- LL. Pandering or possessing visual or print medium depicting sexually explicit conduct involving a child
- MM. Sexual solicitation
- NN. Permanent detention or restraint
- OO. Permitting abuse of a minor
- PP. Producing, directing, or promoting a sexual performance by a child
- QQ. Promoting obscene materials
- RR. Promoting obscene performance
- SS. Promoting prostitution in the first, second, or third degree
- TT. Prostitution
- UU. Public display of obscenity
- VV. Resisting arrest
- WW. Robbery
- XX. Aggravated robbery
- YY. Sexual offenses
- ZZ. Simultaneous possession of drugs and firearms
- AAA. Soliciting money or property from incompetents
- BBB. Stalking
- CCC. Terroristic act
- DDD. Terroristic threatening
- EEE. Theft of public benefits
- FFF. Theft by receiving

- GGG. Theft of property
- HHH. Theft of services
- III. Transportation of minors for prohibited sexual conduct
- JJJ. Unlawful discharge of a firearm from a vehicle
- KKK. Voyeurism

An alternative compliance may not be requested by any individual who has pleaded guilty or nolo contendere to, or has been found guilty of any of the following offenses as he or she is permanently disqualified from being a foster or adoptive parent per A.C.A. §9-28-409(e)(1):

- A. Abuse of an endangered or impaired person, if felony
- B. Arson
- C. Capital murder
- D. Endangering the welfare of an incompetent person in the first degree
- E. Kidnapping
- F. Murder in the first or second degree
- G. Rape
- H. Sexual assault in the first or second degree

An alternative compliance may not be requested by any prospective foster or adoptive parent with a felony conviction for the following offenses, as no foster child in DHS custody may be placed in such an individual's home:

- A. Child abuse or neglect
- B. Spousal abuse or domestic battery
- C. A crime against children, including child pornography
- D. A crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery

A prospective foster or adoptive parent may request an alternative compliance for a felony conviction for physical assault, battery or a drug-related offense if the offense was not committed within the past five years. If an applicant produces evidence that a conviction has been expunged or sealed, this information must be forwarded to the Office of Chief Counsel for review.

Case Planning Process with Provisions for Addressing Safety of Placements

DCFS Policy IV-B, Services Case Plan, outlines that consideration of the health and safety of children must be included in the case planning process for all children involved in all case types. Furthermore, Procedure IV-B1, delineates how the case planning process must include a plan for ensuring that children receive safe and proper care.

The assessment of Foster and Adoptive Licensing describes the monitoring and reevaluation processes of both PRLU and DCFS for placement resources. These processes include physical inspections of foster homes and other placement providers to identify and mitigate any safety concerns.

Additionally, DCFS Policy VII-K, Child Maltreatment Allegations Concerning Out-of-Home Placements, provides that all child maltreatment allegations concerning any person in a foster home shall be investigated in accordance with the Child Maltreatment Act (§ 12-18-602). The safety and welfare of all children in foster care are paramount to DCFS. If any child in foster care is the subject (alleged offender or alleged victim) of an allegation of child abuse and/or neglect, the Division must notify the child's family, the OCC attorney, Child Abuse Hotline, the child's CASA and the child's attorney ad litem. The attorneys ad litem for all other children placed in the home must be notified as well.

Diligent Recruitment of Foster and Adoptive Homes

The number of children in foster care in Arkansas has been steadily decreasing since April 2017. As of May 31, 2019, there were nearly 4,375 children in the State's custody, which represents a decrease of approximately 700 children from April 2017. There are currently approximately 3,600 beds in 1,580 homes licensed to accept children in care, equaling only 0.83 foster home beds per foster child across the state. With less than one licensed, approved foster home bed for each child in care, DCFS staff are often forced to place children based on the availability of placements versus on the individual needs of children. The shortage of placement resources is not a new phenomenon in Arkansas, but the problem has only been exacerbated by the increase in the number of children entering and remaining in the foster care system.

The goals and objectives of the recruitment and retention plan are to identify, process, and maintain permanent homes for children placed in foster care. These families will be able to meet all standards required for approval as an adoptive resource in Arkansas.

The Division of Children and Family Services implemented targeted recruitment intervention, Arkansas's Creating Connections for Children (ARCCC) program. The intervention was implemented across the state in service areas 3, 4, 5, 7, 9, and 10. Areas 1, 2, 6, and 8 were covered by the Division's Diligent Recruitment Grant, which came to an end on September 30, 2018. The only piece of the targeted recruitment strategies that is no longer operational is the Geographic Information System (GIS), which ceased to continue June 30, 2018.

Community Engagement Specialist (CES) are assigned to each of the 10 service areas except for Area 10 and that position is housed within the Central Inquiry Unit. The other counties continue to maintain a Community Engagement Specialist (CES) and they are supervised by the Resource Supervisors in each area. The CES staff are responsible for developing and implementing recruitment and retention strategies within their assigned areas and report them each month. The NCCD Children's Research Center provide demographic data on the foster care population by county and area each month to inform recruitment strategies. The data is reviewed each month and recruitment strategies are updated to meet the changing needs of the counties.

Resource Development and Support

Arkansas continues to develop and assess the activities of the local community recruitment teams to assist the CES with resource family recruitment and retention. Recruitment Teams are active in Areas 1 and 8. Some of the areas have not maintained Recruitment Teams due to the CES staff either leaving the agency or being reassigned to Resource duties.

Centralized Inquiry Unit

Centralized Inquiry Unit (CIU) continues to strengthen its process by communicating with applicants with a sense of urgency and maintaining engagement until the family has been assigned to the Resource Field Worker. The Central Inquiry Unit (CIU) is made up of one Administrative Assistant, one Program Eligibility specialist, and three Family Service Workers. The staff obtain applicant information from the FosterArkansas.org website and complete the initial phone screening and provide a packet with background checks. The background checks are run, and the family is sent to the field staff to complete the application process. The CIU will continue to meet bi-weekly at the Lean Six Sigma Whiteboard to discuss the application process to determine if adjustments need to be made to move families through the process as quickly as possible.

The Area 10 CES position was placed in the Central Inquiry Unit in Central Office to focus on a pilot project. This pilot project began April 1, 2019. The goal of this project is to reduce the amount of time it takes to open provider homes. The assigned staff member is responsible for preparing provider applicants to open their homes in Areas 4, 7, and 10. The pilot project has one assigned staff member (an FSW) who is responsible for processing applicants received on the FosterArkansas.org website. The FSW completes an initial phone call with the applicant, processes the background checks, and then refers the family to PRIDE Training and home study if the Resource Supervisor approves the applicant's In-Home Consultation (IHC). The FSW gathers all pertinent documentation from the applicants and then provides the completed home

study to the Resource Supervisor for final walk through and approval of the home. The CIU manager will monitor data to determine if the pilot project should be expanded throughout the state.

Implementation of Centralized Inquiry Unit has shown to effectively reduce the time it takes to process applicant's background checks and initial application forms needed to assess the family prior to field assignment. For example, prior to Centralized Inquiry Unit full implementation during state fiscal year 2016, the average number of days it took to process an applicant prior to field assignment to a Resource Worker was 74.6 days. That number includes applicants that initiated the process prior to CIU and during the time of implementation. Since implementing the Lean Six Sigma method the CIU has consistently been under the goal of having applicants assigned to the field for their IHC within 30 days. The FSW's continue to call applicant's back within 10 days if they have not submitted their packets. By calling the families the CIU has identified families that decide they are no longer interested in becoming foster parents, failed to receive the paperwork, and has served as a reminder that the packet needed to be returned for them to proceed. The CIU is also now giving the families the option to have their packets emailed to them as opposed to the family having to wait on the packet to be mailed back and forth. The Agency's need for provider families willing to accept children ages 6 and older, sibling groups, and children with disabilities is also communicated during the initial phone call with the applicant.

The shortened length of time it now takes to become a foster parent has encouraged new applicants to begin the process. The CES share data and information about the progress and changes DCFS has worked towards which has in turn has improved the overall customer service experience. The CIU assesses families on the front end and share information with the resource workers prior to the scheduling of the in-home consultation.

Targeted Recruitment Tools

The tools CES and Central Inquiry Unit continue to utilize to guide recruitment include:

- Foster Children Demographics by County – Age, Race and Gender
- Foster Families and Adoptive Families by County – Race
- Active, Available and Approved Foster Family Home by Area and County with Placement
- Foster Care Children in TFC Provider
- Foster Care Sibling Separation
- Annual and Quarterly Report Card
- Recruitment Planning Tool
- Resource Family Applicant Tracker Report
- ARCCC Resource Family Home Inquiry Report

The CES continue to use the ARCCC Community Recruitment Team Charter for the ongoing work and implementation of the teams' area wide for ARCCC local recruitment teams. The purpose of the Charter is to set out expectations for community members that will assist with recruitment efforts. The components of the charter include:

- Purpose and Goal
- Partnership and Collaboration
- Roles and Responsibilities
- Operating Rules of the Team
- Methods of Communication
- Target Dates

The Division has also entered into agreements with several Private Licensed Placement Agencies (PLPA) to recruit, train, license, support, and retain foster homes in areas of greatest need, Arkansas Baptist Children's Homes is recruiting homes for Areas 2, 9, 4 and COMPACT is assisting recruitment efforts in Areas 3 and 7. The goal of the PLPAs is to recruit foster homes that will provide placement for foster children ages 6 and older and sibling groups.

State Use of Cross-Jurisdictional Resources for Permanent Placements

Arkansas's Interstate Compact Placement of Children (ICPC) Unit assists in moving children in need of a foster care or pre-adoptive placement, as well as adoption, across state lines. The unit also assists to reunify children with parents in an orderly and timely manner when they are living in another state. When a child requires foster care or adoptive placement outside the resident state, DCFS will use the ICPC process. Arkansas will work with other state's ICPC units to request home studies be completed of prospective foster or adoptive placements, while other states will contact Arkansas's ICPC unit to request the same.

FSWs work with their Area ICPC liaisons to connect to other states' ICPC offices. Following adherence with national best practices, Arkansas will not grant custody to the out-of-state placement resource until at least six months of supervision has been completed.

Within 60 days of receiving a request from another state to complete a home study, the ICPC Unit will assess the placement to ensure the placement is "not contrary to the interests of the child." The approval process is similar to that done for Arkansas's in-state placement resources; for instance, a child maltreatment registry check is conducted, as well as criminal record check with both the state police and the FBI. A SAFE home study is also completed. A recommendation will be made by the FSW supervisor or Area Director for or against the placement while the

Adoption Manager will authorize the adoption home study. A placement approval (ICPC-100A) will be completed and sent to the sending state.

To the extent the placement comes to fruition, Arkansas, upon receipt of the child into the Arkansas home, will supervise the placement and provide or arrange needed services. Quarterly progress reports are completed, describing the frequency of the monthly visits to the child, where those visits took place and what was discussed and identified as strengths as well as service needs. The quarterly reports are submitted to Arkansas's ICPC Central Office who in turn forwards them to the sending state.

As described above, children involved in an ICPC case should receive at least one face-to-face contact with DCFS staff during each calendar month (assuming the case was open for the entirety of that calendar month).

Stakeholder Input

Focus groups with stakeholders continue to describe out of state placements involving ICPC is always a slow and confusing process. In an effort to expedite the ICPC process on Arkansas's side, Goal 3, Strategy 12, Key Activity A1 of the CFSR PIP is designed to assess the current ICPC process and identify where the process can be streamlined.

PLAN FOR ENACTING THE STATE'S VISION

State's Vision: DCFS along with the legal system and community partners and providers will actively engage to ensure every child has a safe, stable, and nurturing family.

Plan for Enacting the State's Vision

Notes: The goals, strategies, and activities outlined below are organized in a format that mirror the that of Arkansas's Child and Family Services Review (CFSR) Program Improvement Plan (PIP) and the annual report produced by DCFS to update the general public on the agency's progress. In addition, the four broad goals also followed the majority of themes in the recommendations provided to DCFS by the Parent Advisory Council regarding goals and strategies for the state's 2020-2024 CFSP. The plan below must be read in conjunction with the CFSR PIP, the NYTD PIP, and the attached targeted plans associated with the CFSP. Many of the progress measures below vary depending on the specific activity to which they are connected. As for the larger goal measures found below, they are not set based on the specific strategies within the CFSP strategic plan, but, rather, in consideration of all strategies and activities contained in the various plans described above.

Goal 1: Promote and increase primary prevention efforts and coordination with community and federal programs so families are diverted from the child welfare system.

Rationale: Coordinated and robust primary prevention efforts are critically important to strengthen families and prevent both the initial occurrence of child abuse and neglect and ongoing maltreatment; prevent unnecessary family disruption; reduce family and child trauma; interrupt intergenerational cycles of maltreatment; and build a well-functioning child welfare system. The Division has been fortunate to have the State's Community-Base Child Abuse Prevention (CBCAP) Grantee as part of DCFS since July 2017. This has given the agency the ability to implement true primary prevention programs in coordination with other child welfare stakeholders. The strategies and activities below will allow the Division to build upon those as well as begin working toward additional primary prevention efforts.

Primary prevention is not a goal addressed through CFSR PIP; CFSR PIP focuses on secondary and tertiary prevention so there are no related CFSR PIP strategies that apply.

Goal Measures:

- Decrease the number of maltreatment reports to Child Abuse Hotline (SFY 2018: 35,867 reports received).
 - Year 1: 1% decrease from SFY 2018
 - Year 2: 2% decrease from SFY 2018
 - Year 3: 4% decrease from SFY 2018
 - Year 4: 5% decrease from SFY 2018
 - Year 5: 7% decrease from SFY 2018
- Decrease the number of children entering foster care (SFY 2018: 3,289 entries).
 - Year 1: 2% decrease from SFY 2018
 - Year 2: 3% decrease from SFY 2018
 - Year 3: 5% decrease from SFY 2018
 - Year 4: 8% decrease from SFY 2018
 - Year 5: 12% decrease from SFY 2018
- CFSR measures non-applicable to primary prevention.

Strategy 1: Strengthen and increase involvement with existing primary prevention programs: Baby and Me, Predict-Align-Prevent, and the Arkansas Home Visiting Network.

Rationale: Infants and very young children are the most vulnerable population due to long-term effects of early child abuse and neglect. Research shows that parenting education programs for children ages 4-8 show significant benefits for parents, caregivers, children, and

families. ¹ Research shows that home visiting programs such as Healthy Families and Nurse Family Partnership showed favorable impacts on primary measures of child development, school readiness, and positive parenting practices. ²

In addition, DCFS wants to strengthen and expand upon some of its first efforts at primary prevention, the Baby and Me Program offered through the Department of Health's Women, Infant, and Children (WIC) clinics and begin utilizing data collected through the Predict-Align-Prevent Program.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures
A1: Develop strategies to improve initial intake numbers of Baby and Me Program	CBCAP Lead/Baby and Me Advisory Committee and staff	Ongoing	<ul style="list-style-type: none"> • Higher post-test results • Strengthened parent/ child attachment • Increased protective capacity • Parent understands developmental milestones • Increased safe sleep/Decrease co-sleeping deaths • Decreased incidents of shaken baby • Decreased maltreatment 	<p>Year 1: Achieve 80% intake rate from recruitment population.</p> <p>Year 2: Achieve 82% intake rate from recruitment population.</p> <p>Year 3: Achieve 83% intake rate from recruitment population.</p> <p>Year 4: Achieve 84% intake rate from recruitment population.</p> <p>Year 5: Achieve 85% intake rate from recruitment population.</p>

¹ Child Welfare Information Gateway, February 2019: [Parent Education and Strengthening Families and Prevent Child Maltreatment](#)

² Sama-Miller, Emily, et. al, October 2018: [Home Visiting Evidence of Effectiveness Review: Executive Summary](#); OPRE Report # 2018-113

A2: Develop strategies to improve program completion rates of Baby and Me Program	CBCAP Lead/Baby and Me Advisory Committee and staff	Ongoing	See above.	<p>Year 1: Achieve 15% completion rate.</p> <p>Year 2: Achieve 18% completion rate.</p> <p>Year 3: Achieve 23% completion rate.</p> <p>Year 4: Achieve 25% completion rate.</p> <p>Year 5: Achieve 28% completion rate.</p>
A3: Work with DCFS Data Management & Analysis vendor (NCCD) to develop way to track subsequent maltreatment at 6 and 12 months for those who participated in Baby and Me	DCFS Deputy Director, Asst. Director of Prevention and Reunification, NCCD	Spring 2020	<ul style="list-style-type: none"> CHRIS/NCCD data report showing subsequent maltreatment at 6 and 12 months for those who participated in Baby and Me. More data to inform Baby and Me program improvement efforts. 	No baseline data at present. To be determined.
<p>A4: Depending on data results, develop a data-informed plan to approach AR Health Department or other partners to propose investment in Baby and Me. Data will include:</p> <ul style="list-style-type: none"> Numbers served; Pre/post test results; Number of enrollees who had report of maltreatment within one year of service 	CBCAP Lead/Baby and Me Advisory Committee	2023-2024	<p>More families to be positively impacted by Baby and Me:</p> <ul style="list-style-type: none"> Higher post-test results Strengthened parent/child attachment Increased protective capacity Parent understands developmental milestones Increased safe sleep/Decrease co-sleeping deaths Decreased incidents of shaken baby Decreased maltreatment 	N/A

B1: Through staff training, message importance of considering referrals to applicable Arkansas Home Visiting Network (AHVN) programs particularly as part of plan of safe care for infants who are not found to be neglected but who have reports to hotline of prenatal exposure to drugs, as appropriate	Differential Response Manager, Assistant Directors of Prevention and Reunification and Infrastructure and Specialized Programs, Federal Compliance Officer, AHVN Director	Starts July 2019 and then ongoing	<ul style="list-style-type: none"> • Strengthened parent/child attachment • Increased protective capacity • Parent understands developmental milestones • Increased safe sleep/Decrease co-sleeping deaths • Decreased incidents of shaken baby • Decreased maltreatment 	<p>Acceptance of reports of infants with prenatal exposure to drugs but who are not neglected will be a new type of report for DCFS, so no baseline data exists from which to base benchmarks and associated timeframes. Over the next five years the Division will:</p> <ul style="list-style-type: none"> • Track number of prenatal substance exposure referrals from the hotline; • Track number of referrals of non-neglected substance exposed infants from DCFS to AHVN programs and related intake numbers once MOU with AHVN is developed. See following activity.
B2: Develop MOU with AHVN that would allow AHVN and DCFS to develop tracking and information sharing protocols to better assess short and long-term outcomes of substance exposed infants who are referred to and participate in home visiting programs	Assistant Directors of Prevention and Reunification and Infrastructure and Specialized Programs, Assistant Director of Infrastructure and Specialized Programs	Summer 2020	MOU	TBD
C1: Through Predict-Align-Prevent Geospatial Risk Analysis for Child Maltreatment in Little Rock, create maps of	CBCAP Lead and Predict-Align-Prevent Director and staff	Ongoing	Predict-Align-Prevent maps	For all five years, annual progress updates on use of data and enhanced services/programs in applicable communities/neighborhoods as

child maltreatment and environmental risk factors				determined by future Predict-Align-Prevent maps and potential surveys of neighborhood/community residents.
C2: Convene advisory group to review results of risk analysis and develop recommendations to address concerns identified in data analysis	CBCAP Lead and Predict-Align-Prevent Director and staff	Fall 2020	Advisory group recommendations	For all five years, annual progress updates on use of data and enhanced services/programs in applicable communities/neighborhoods as determined by future Predict-Align-Prevent maps and potential surveys of neighborhood/community residents.
C3: Work with stakeholders in local communities/neighborhoods to implement recommendations to address identified needs/risks	CBCAP Lead and Predict-Align-Prevent Director	Summer 2024	<ul style="list-style-type: none"> Increased community involvement and collaboration Decreased child maltreatment Increased community protective factors 	For all five years, annual progress updates on use of data and enhanced services/programs in applicable communities/neighborhoods as determined by future Predict-Align-Prevent maps and potential surveys of neighborhood/community residents.

Strategy 2: Increase support to pregnant and parenting teens in foster care as a primary prevention strategy for their children.

Rationale: Feedback from staff, providers, and youth in care is that support for pregnant and parenting teens is lacking but much needed given the vulnerable populations in which both mother and baby fall. DCFS is also committed to implementing primary prevention strategies and activities aimed at the children of teenagers who are in foster care to prevent future maltreatment of those young children. On average, there are between 30-40 pregnant or parenting youth in the foster care system in Arkansas, so this is a reasonable initial goal for DCFS' foray into primary prevention. Safety showers are a mechanism to provided needed safety information to expecting mothers but in a non-

threatening and supportive environment. Research shows that home visiting programs, such as Healthy Families and Nurse Family Partnership showed favorable impacts on primary measures of child development, school readiness, and positive parenting practices.³

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures
A1: Refer parenting teens who do not qualify for other home visiting programs to Nurturing the Families of Arkansas (or in addition to home visiting, as applicable based on specific case)	Messaging from Assistant Directors of Prevention and Reunification and Infrastructure and Specialized Programs to staff about change in NFA Pls to accept referrals for this population; Family Service Worker (FSW) caseworkers and Transitional Youth Services (TYS) Coordinators for referrals	July 2019 and then ongoing	<ul style="list-style-type: none"> • Higher post-test results • Strengthened parent/child attachment • Increased protective capacity • Parent understands developmental milestones • Increased safe sleep/Decreased co-sleeping deaths • Decreased incidents of shaken baby • Decreased maltreatment 	<p>Year 1: 50% referral rate of designated population, of those, no maltreatment referrals during teen's remaining time in foster care</p> <p>Year 2: 75% referral rate of designated population, of those, no maltreatment referrals during teen's remaining time in foster care.</p> <p>Year 3: 80% referral rate of designated population, of those, no maltreatment referrals during teen's remaining time in foster care</p> <p>Year 4: 90% referral rate of designated population, of those, no maltreatment referrals during teen's remaining time in foster care</p>

³ Sama-Miller, Emily, et. al, October 2018: [Home Visiting Evidence of Effectiveness Review: Executive Summary](#); OPRE Report # 2018-113

				Year 5: 98% referral rate of designated population, of those, no maltreatment referrals during teen's remaining time in foster care
A2: Implement Safety Showers for pregnant teens in foster care.	Assistant Director of Infrastructure and Specialized Programs	Fall 2019 and then ongoing	<ul style="list-style-type: none"> Increased knowledge of infant and home safety Increased safe sleep/decreased co-sleeping deaths 	<p>Year 1: 75% completion rate, of those no incidents of unsafe sleep related deaths</p> <p>Year 2: 80% completion rate, of those no incidents of unsafe sleep related deaths</p> <p>Year 3: 90% completion rate, of those no incidents of unsafe sleep related deaths</p> <p>Year 4: 98% completion rate, of those no incidents of unsafe sleep related deaths</p> <p>Year 5: 100% completion rate, of those no incidents of unsafe sleep related deaths</p>
B1: Through staff training and other messaging platforms, message importance of considering referrals to applicable Arkansas Home Visiting Network (AHVN) programs, for pregnant and parenting teens in foster care.	Assistant Director of Infrastructure and Specialized Programs for messaging, FSWs and TYS Coordinators for referrals	Fall 2019 and then ongoing	<ul style="list-style-type: none"> Strengthened parent/child attachment Increased protective capacity Parent understands developmental milestones Increased safe sleep/Decreased co-sleeping deaths Decreased incidents of shaken baby Decreased maltreatment 	<ul style="list-style-type: none"> Cannot establish desired referral rate because referrals depend on whether mom was also referred to NFA (see Activity A1 above) and what AHVN programs are available in a specific county and, from there, whether a program has open slots.

				<ul style="list-style-type: none"> Of those referred and accepted to AHVN program, no maltreatment referrals during teen's remaining time in foster care.
C1: Explore possibility of contracting with University of Arkansas for Medical Sciences (UAMS) to create service coordinator position to assist pregnant and parenting teens in foster care navigate various services such as home visiting, high-quality child care.	Assistant Director of Infrastructure and Specialized Programs, AR Children's Hospital Executive Director of Child Advocacy and Public Health, Associate Director of Research and Evaluation Division for Department of Family and Preventive Medicine at UAMS	Fall 2020	<ul style="list-style-type: none"> Increased service coordination for pregnant and parenting teens in foster care Improved parent-child well-being Decreased maltreatment Increased knowledge of FSWs and TYS Coordinators regarding services for pregnant and parenting teens 	N/A
C2: Contingent upon funding, develop interagency contract for service coordinator for pregnant and parenting teens in foster care.	Assistant Director of Infrastructure and Specialized Programs, AR Children's Hospital Executive Director of Child Advocacy and Public Health, Associate Director of Research and Evaluation Division for Department of Family and Preventive Medicine at UAMS	Spring 2021	<ul style="list-style-type: none"> Increased service coordination for pregnant and parenting teens in foster care Improved parent-child well-being Decreased maltreatment Increased knowledge of FSWs and TYS Coordinators regarding services for pregnant and parenting teens 	Contract developed as applicable.
C3: Contingent upon funding, hire service coordinator for pregnant and parenting teens in foster care.	Assistant Director of Infrastructure and Specialized Programs, AR Children's Hospital Executive Director of Child Advocacy and Public Health, Associate Director	Fall 2021	<ul style="list-style-type: none"> Increased service coordination for pregnant and parenting teens in foster care Improved parent-child well-being Decreased maltreatment Increased knowledge of FSWs and TYS Coordinators regarding 	<ul style="list-style-type: none"> 100% referral rate of pregnant and parenting teens to service coordinator.

	of Research and Evaluation Division for Department of Family and Preventive Medicine at UAMS		services for pregnant and parenting teens	<ul style="list-style-type: none"> Evaluation measurements TBD as part of contract development.
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Goal 2: Strengthen response to maltreatment allegations and increase and improve services to protect children in their homes and prevent entry/re-entry into foster care.

Rationale: Research shows that entry into foster care is yet another trauma for children and that children do best with their own families. As such, if at all safely possible, the Division strives to safely maintain children in their own homes. The CFSR identified challenges with initial and ongoing safety and risk assessment, and a lack of adequate safety planning and monitoring, particularly when substance use is an issue in the home. The Parent Advisory Council also made several recommendations in relation to services to prevent removal.

This goal is supported by CFSR PIP Strategies 1, 2, 3, 4, 5, 6, 7, 8, 15, and 16.

Goal Measures:

- Decrease the number of children entering foster care (SFY 2018: 3,289 entries).
 - Year 1: 2% decrease from SFY 2018
 - Year 2: 3% decrease from SFY 2018
 - Year 3: 5% decrease from SFY 2018
 - Year 4: 8% decrease from SFY 2018
 - Year 5: 12% decrease from SFY 2018
- CFSR Safety 2:
 - Year 1: 85%
 - Year 2: 87%
 - Year 3: 90%
 - Year 4: 92%
 - Year 5: 94%

Strategy 3: Implement and expand Considered Removal Team Decision Making Statewide.

Rationale: While QSPR results indicate that safety and risk items have improved for all case types since the CFSR, there is still room for improvement. QSPR 2018 data shows that necessary services to prevent children from entering foster care in 75% of the reviewed cases. During SFY 2018, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in more

than a quarter of the reviewed cases (29 percent). The deficient ratings once again stemmed from problems with conducting ongoing assessments of risk and safety and with safety management.

The final IV-E Waiver Evaluation results showed that families who participated in TDM meetings were satisfied with the openness and non-judgmental atmosphere of the meeting. Staff also appreciated the family having a voice and their ability to highlight strengths and available resources. The TDM meeting also helped the worker to better identify services the families needed, and the families felt improved engagement and more positive relationships with DCFS as a result. The Parent Advisory Council also recommended expanding Team Decision Making statewide.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures
A1: Complete revised TDM policy for considered removals	Infrastructure and Specialized Programs, Program Administrator	August 2019	<ul style="list-style-type: none"> Policy completed reflecting new TDM triggers and considered removal framework 	<ul style="list-style-type: none"> Policy completed
A2: Train all Team Decision Making (TDM) facilitators, back-ups, and TDM supervisor on Anne E. Casey 3-day considered removal curriculum	TDM Manager	September 2019	<ul style="list-style-type: none"> All necessary staff trained in new triggers and considered removal framework. 	<ul style="list-style-type: none"> 100% completion rate
A3: Train all Area 8 staff that currently have TDM in their counties (not yet area-wide) on TDM, highlighting new triggers	TDM Manager	September 2019	<ul style="list-style-type: none"> All necessary staff trained in new triggers and considered removal framework. 	<ul style="list-style-type: none"> 100% completion rate
A4: Provide Considered Removal TDM orientation to applicable county Office of Chief Counsel (OCC) and external stakeholders (e.g., court, legal, CASA, schools, mental health providers, community partners)	TDM Manager, OCC Area 8 Supervising Attorney for OCC portion, AECF staff	September 2019	<ul style="list-style-type: none"> Majority of applicable stakeholders have knowledge about Considered Removal TDM values, goals, and processes. 	<ul style="list-style-type: none"> 75% completion rate
A5: Go-live with Considered Removal TDMs in existing TDM counties in Area 8	TDM Manager	October 2019	<ul style="list-style-type: none"> Decreased removals Increased relative placements Increased family engagement 	For all five years, all applicable families receive Considered Removal TDM

			<ul style="list-style-type: none"> • Increased placement stability • Increased time to permanency within 12 months • Improved relationship with domestic violence prevention/intervention programs 	
A6: Train Area 8 resource families on Considered Removal TDM and their roles within it	TDM Manager, AECF staff	October 2019	<ul style="list-style-type: none"> • Majority of resource families have knowledge about Considered Removal TDM values, goals, and processes. 	<ul style="list-style-type: none"> • 75% completion rate
A7: Begin scheduling quarterly meetings court team to check-in on progress, concerns, etc. and address concerns as needed	Area 8 Director, Area TDM Facilitator	November 2019	<ul style="list-style-type: none"> • Improved communication and ability to strengthen CQI processes. 	<ul style="list-style-type: none"> • For all five years, court team meetings occur quarterly and are reported to Assistant Directors of Community Services and Prevention and Reunification in monthly reports.
A8: Create protocols to ensure all newly hired staff in Area 8 receive training as part of onboarding	TDM Manager and Supervisor	November 2019	<ul style="list-style-type: none"> • All necessary staff trained in new triggers and considered removal framework. 	<ul style="list-style-type: none"> • 100% of newly hired staff receive Considered Removal TDM training.
A9: Evaluate progress of Area 8 Considered Removal TDMs	TDM Manager and Supervisor, Assistant Director of Prevention and Reunification	Ongoing	<ul style="list-style-type: none"> • Data analysis to inform CQI processes and statewide expansion plan. 	<ul style="list-style-type: none"> • Establish baseline rates for current TDM counties' removal rates, time to permanency, relative placements and establish progress measures based on that data.

B1: Using data and consideration of county/area readiness per implementation science, develop statewide expansion plan using roll-out plan described in "A" activities above to ensure 100% coverage of TDM (currently TDM is implemented in 40% of the state).	TDM Manager and Assistant Director of Prevention and Reunification	Spring 2020	<ul style="list-style-type: none"> Statewide expansion plan informed by quantitative and qualitative data. 	<p>Year 1: Expand Considered Removal TDMs to remaining Area 8 counties</p> <p>Year 2: Expand Considered Removal TDMs to ensure 70% of state has TDM</p> <p>Year 3: Expand Considered Removal TDMs to ensure 100% of state has TDM</p> <p>Year 4: Sustain TDMs statewide</p> <p>Year 5: Sustain TDMs statewide</p>
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Strategy 4: Expand Intensive In-Home Services statewide contingent on FFPSA funding and clearinghouse approval (currently in 37 counties).

Rationale: The CFSR identified concerns with the overall service array and accessibility of services, especially in the rural areas of the state that affected service provision. According to information in the Statewide Assessment, parenting classes often are not individualized, and counseling and mental health services are rarely effective. In addition, the Intensive In-Home Services Program is what the Division hopes will be its first IV-E prevention service program pursuant to the Family First Prevention Services Act (FFPSA), so the Division has selected to place this FFPSA-related service into its CFSP. The Division has had traditional Intensive Family Services (IFS) within its service array for many years. However, while the traditional four to six-week IFS model is sufficient for many families experiencing relatively short-term crises needing intensive intervention, the traditional IFS model is not suited for families with generational child maltreatment issues and trauma. Due to this gap in the child welfare service array, the Division determined that a program that was similar to IFS, but stayed involved long enough to do crisis intervention and long term stabilization was needed: one that would address mental health and parenting, but also help the family create a natural social support system, navigate individualized educational plans, address housing issues, employment, problem solving skills, etc. To that end, DCFS put out an RFQ for Intensive In-Home Services (IIHS). The RFQ included the parameters for how the service would be provided including length of time, caseloads allowed, expectation for supervision, 24/7 availability, crisis intervention, who they were expected to serve, what issues they were expected to address, outcomes expected, the requirement that the intervention model they would use be evidenced based, and that they had experience in delivering that model. From the responses to the RFQ, the Division chose Youth Villages to deliver Intercept, St. Francis to deliver Family Centered Treatment, and Youth Advocate Program to deliver Strengthening Families. Below are some of the reasons we chose these three providers:

St. Francis

- Doing this work in 2 states already;
- Experience in rural, impoverished areas;
- Using a Family Centered Treatment model that is already promising on California Clearinghouse and is working towards well-supported;

- Included in proposal statistics and understanding of poverty levels in communities that they bid on.

Youth Advocate Program

- Using the Strengthening Families model that will hopefully qualify for well-supported on Federal Clearinghouse;
- Provides similar service in 12 other states with over 40 years' experience;
- Success rate of 84%;
- Has a "No Reject – No Eject" policy.

Youth Villages

- Using a program based off of MST;
- Providing this service in 11 states;
- 88% success rate 2 years post discharge.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures
A1: Continue to analyze data/evaluations from providers of current Intensive In-Home Services (currently in 37 counties so 49.3% statewide coverage) and related CHRIS data	In-Home Services Manager	Ongoing	<ul style="list-style-type: none"> • Increased family stability and functioning • Decreased child maltreatment • Decrease in foster care entries 	<p>For all five years (contingent upon FFPSA funding and clearinghouse approval):</p> <ul style="list-style-type: none"> • 95% of families shall not have confirmed abuse/neglect within 6 months of intervention • 90% of families shall not have confirmed abuse/neglect within 12 months of intervention • 85% of families shall not have confirmed abuse/neglect within 24 months of service • 95% of children shall remain safely in their homes during intervention • 90% of families receiving intervention in a foster care case must successfully reunify during intervention • 95% of families receiving intervention through Protective Services Case

				<p>shall not have a child removed during intervention</p> <ul style="list-style-type: none"> • 92% shall not have a child removed within 6 months of intervention • 90% shall not have a child removed within 12 months following intervention • 85% shall not have a child removed within 24 months of intervention
A2: Expand Intensive In-Home Services statewide contingent on FFPSA funding and clearinghouse approval to include evaluation and CQI strategies to continuously assess implementation.	In-Home Services Manager	TBD contingent upon FFPSA funding and clearinghouse approval and RFQ process	<ul style="list-style-type: none"> • Increased family stability and functioning • Decreased child maltreatment • Decrease in foster care entries 	<p>Contingent upon FFPSA funding and clearinghouse approval:</p> <p>Year 1: 60% of state to have Intensive In-Home coverage</p> <p>Year 2: 75% of state to have Intensive In-Home coverage</p> <p>Year 3: 90% of state to have Intensive In-Home coverage</p> <p>Year 4: 100% of state to have Intensive In-Home coverage</p> <p>Year 5: 100% of state to have Intensive In-Home coverage</p>

Strategy 5: Continue implementing National Council on Crime and Delinquency-Children’s Research Center (NCCD-CRC) Structured Decision Making (SDM) and Safety Organized Practice (SOP) implementation plan years 3-5 per NCCD-CRC proposal (this will be a continuation of CFSR PIP Strategy 2 past the completion of the PIP itself).

Rationale: During SFY 2018, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in more than a quarter of the reviewed cases (29 percent). The deficient ratings once again stemmed from problems with conducting ongoing assessments of risk and safety and with safety management.

For more than 20 years, CRC has partnered with child welfare agencies nationally and internationally to implement the SDM assessment system. The SDM system includes a series of evidence-based assessments used at key points in child protection casework to support staff in making consistent, accurate, and equitable decisions throughout their work with a family. Additionally, the SDM system allows an organization to better understand its data, better manage limited resources, and better direct its resources to families that are most in need. DCFS currently uses an older locally modified version of our older risk assessment mixed with other assessments.

Additionally, CRC integrates a family-centered, strengths-based social work practice alongside the SDM assessments known as SOP. This is an approach to day-to-day child welfare casework designed to help all key stakeholders involved with a child—parents; extended family; child welfare worker; supervisors and managers; lawyers, judges, and other court officials; and the child him/herself—to meaningfully participate in assessment activities and to develop culturally responsive collaborative plans that keep a clear focus on enhancing child safety at all points in the case process.

Combining the SDM system and SOP connects an evidence-based analytic system to rigorous, collaborative social work practice to support better outcomes for children and families. NCCD-CRC has implemented SDM and SOP in multiple jurisdictions in the United States as well as in Canada and Australia.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures
A1: SOP Initial Launch to include orientation sessions, foundational trainings, and supervisor trainings.	Assistant Director of Prevention and Reunification, Assistant Director of Community Services, NCCD-CRC	Fall 2021	<ul style="list-style-type: none"> Improved initial and ongoing risk and safety assessments Decreased foster care entries Increased permanency in 12 months 	TBD
A2: SOP Implementation activities to include SOP intensive practice series, working across differences trainings, and coaching institute.	Assistant Director of Prevention and Reunification, Assistant Director of Community Services, NCCD-CRC	Fall 2022	<ul style="list-style-type: none"> Improved initial and ongoing risk and safety assessments Decreased foster care entries Increased permanency in 12 months 	TBD
A3: SOP Sustainability activities include the training integration activities and fidelity review.	Assistant Director of Prevention and Reunification, Assistant Director of Community Services, NCCD-CRC	Spring 2024	<ul style="list-style-type: none"> Improved initial and ongoing risk and safety assessments Decreased foster care entries 	TBD

			<ul style="list-style-type: none"> Increased permanency in 12 months 	
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Goal 3: Improve the foster care system for children who cannot remain safely in their homes.

Rationale: According to the 2014 In-Home Services in Child Welfare, Child Welfare Information Gateway, “Removing children from their families is disruptive and traumatic and can have long-lasting, negative effects. There are a number of stressors for a child that are associated with removal and can add to the initial trauma of maltreatment, including dealing with the substantiation of abuse and/or neglect findings and having to cope with parental loss (Schneider & Phares, 2005).” However, if a child must be removed from home due to child abuse or neglect, research and federal legislation (42 U.S.C 675(5)) supports the notion that a child should be placed in the least restrictive, most family-like environment available.⁴

CFSR PIP strategies that support this goal include Strategies 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16. The Kinship Connect Program will also impact this goal.

Goal Measures:

- CFSR Permanency 1:
 - Year 1: 45%
 - Year 2: 50%
 - Year 3: 55%
 - Year 4: 60%
 - Year 5: 65%
- CFSR Permanency 2:
 - Year 1: 80%
 - Year 2: 82%
 - Year 3: 84%

⁴ National Conference of State Legislatures, 2016: The Child Welfare Placement Continuum: What’s Best for Children?

- Year 4: 85%
- Year 5: 87%

Strategy 6: Support building relationships between foster and biological families to increase child and family well-being and improve permanency within 12 months.

Rationale: Research shows that children, youth, and families benefit when foster parents and birth parents are supported by an agency culture that encourages meaningful partnerships and that provides quality support.⁵ This is general recommendation as well as some of the specific activities below came from the Foster Parent Advisory Council and the Parent Advisory Council. There are also strategies and activities in the Foster Adoptive Diligent Recruitment Plan that will integrate into this strategy (See Strategy E).

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures
A1: Establish joint meetings between Parent Advisory Council (PAC) and Foster Parent Advisory Council (FPAC) to work on relationships.	Foster Care and Adoptions Program Administrator, CBCAP Lead	Spring 2020	<ul style="list-style-type: none"> • Increased understanding between biological and resource parents. • Increased collaboration on resource parent and DCFS staff training strategies/development of training. 	<ul style="list-style-type: none"> • Establish annual meeting schedule • For all five years, at least two joint meetings between the Parent Advisory Council and the Foster Parent Advisory Council each year.
A2: During selected, separate PAC and FPAC meetings, assess effectiveness of joint meetings.	CBCAP Lead, FPAC facilitators, Foster Care and Adoptions Program Administrator	Summer 2020 and then ongoing	See above.	<ul style="list-style-type: none"> • Establish once these assessments will occur during separate meetings.

⁵ Child Welfare Information Gateway, May 2019: [Partnering with Birth Parents to Promote Reunification](#).

B1: Research other foster parent training curricula and make recommendations to DCFS Exec Staff.	Foster Parent Advisory Council, Parent Advisory Council, Foster Care and Adoptions Program Administrator, Training Manager, MidSOUTH Training Academy	Spring 2021	<ul style="list-style-type: none"> Summary of review and recommendations completed 	Year 1: N/A Year 2: Review and recommendations completed Years 3-5: See 'B' activities below.
B2: Develop implementation plan for revised foster parent training curriculum.	Foster Parent Advisory Council, Parent Advisory Council, Foster Care and Adoptions Program Administrator, Training Manager, MidSOUTH Training Academy	Fall 2021	<ul style="list-style-type: none"> Implementation plan completed and associated implementation supports determined 	Year 1: N/A Year 2: N/A Year 3: Implementation plan completed and associated implementation support determined Years 4-5: See 'B' activities below
B3: Implement revised foster parent training curriculum.	Foster Care and Adoptions Program Administrator, Training Manager, MidSOUTH Training Academy	Summer 2022	<ul style="list-style-type: none"> Foster parents better prepared for their role to both child and child's family Increased understanding of impact of trauma 	Years 1-2: See 'B' activities above Year 3: CFSR Item 11: 62% Year 4 CFSR Item 11: 65% Year 5 CFSR Item 11: 70%
B4: Develop surveys and/or focus groups to evaluate effectiveness of new foster parent training curriculum.	Foster Care and Adoptions Program Administrator, Training Manager, MidSOUTH Training Academy	Fall 2022 and then ongoing	<ul style="list-style-type: none"> Foster parents better prepared for their role to both child and child's family Increased understanding of impact of trauma 	Years 1-2: See 'B' activities above Year 3: CFSR Item 11: 62% Year 4 CFSR Item 11: 65% Year 5 CFSR Item 11: 70%
Strategy 7: Increase quality of parent-child visits in an effort to improve relationship of child in care with parents and permanency within 12 months.				

Rationale: Research shows consistent and frequent visitation between parents and their children in out-of-home care can reduce trauma for children (Smariga, 2007; Mallon & Hess, 2005; Haight, Kagle & Black, 2003). Visitation is crucial to strengthening and maintaining family relationships – it’s also important for parent-child attachments and can decrease the sense of abandonment that children often experience when they are removed from their home and placed into out-of-home care. Family visitation is linked to positive outcomes, including improved child well-being, less time in out-of-home care, and faster reunification when it is in the best interest of the child (Mallon & Hess, 2005; Hess, 2003). Throughout the 2018 root cause analysis focus groups, there were often concerns expressed about both the frequency and quality of parent-child visits. This strategy and some of the activities listed below are also recommendations from the Parent Advisory Council. In terms of the frequency/amount of parent-child visitation, this strategy may also be impacted by Act 558 of the 92nd General Assembly, Regular Session which mandates that if the court orders supervised visitation, the parent from whom custody was removed will have a minimum of four hours of visitation each week unless the court orders less than four hours each week because it determines that it is not in the best interest of the child or that it will impose an extreme hardship on one of the parties.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures
A1: Develop and implement best practice guide for family visitation and support field staff in creating quality family visitations.	Parent Advisory Council; CBCAP Lead; Infrastructure and Specialized Programs, Program Administrator;	Fall 2020	<ul style="list-style-type: none"> Increased knowledge of components of quality family visitation. 	Year 1: Practice guide developed and implemented Year 2: CFSR Item 8: 86% Year 3: CFSR Item 8: 88% Year 4: CFSR Item 8: 90% Year 5: CFSR Item 8: 92%
B1: Research visit coach strategies and programs in conjunction with community partners such as community centers, high-quality child care centers, emergency shelters, private child welfare agencies, etc.	Foster Care and Adoptions Program Administrator,	Fall 2020	<ul style="list-style-type: none"> Summary of research and recommendations. 	Year 1: N/A Year 2: Develop recommendations Years 3-5: See following ‘B’ activities

B2: Contingent upon funding and staffing and needed MOUs or contracts, develop implementation plan for visit coaching program.	Foster Care and Adoptions Program Administrator; Assistant Director of Community Services; DCFS Deputy Director; Leads of selected community partners	Spring 2022	<ul style="list-style-type: none"> Implementation plan and associated MOUs or contracts, as applicable. 	<p>Year 1: See 'B' activities above</p> <p>Year 2: See 'B' activities above</p> <p>Year 3: Implementation plan and associated MOUs or contracts developed.</p> <p>Years 4-5: See 'B' activities below.</p>
B3: Contingent upon funding and staffing, pilot visit coaching program in selected counties to include evaluation and CQI strategies to continuously assess implementation.	Foster Care and Adoptions Program Administrator; Assistant Director of Community Services; DCFS Deputy Director	Fall 2022	<ul style="list-style-type: none"> Increased frequency and quality of family visitation Increased family engagement Improved relationship of child in care with parents Increased time to permanency within 12 months Increased parent and child well-being 	<p>Year 1: See 'B' activities above</p> <p>Year 2: See 'B' activities above</p> <p>Year 3: CFSR Item 8: 88%</p> <p>Year 4: CFSR Item 8: 90%</p> <p>Year 5: CFSR Item 8: 92%</p>
B4: Contingent upon funding and staffing and results of pilot visit coaching program, develop expansion plan to include evaluation and CQI strategies to continuously assess implementation of plan.	Foster Care and Adoptions Program Administrator; Assistant Director of Community Services; DCFS Deputy Director	Spring 2024	<ul style="list-style-type: none"> Increased frequency and quality of family visitation Increased family engagement Improved relationship of child in care with parents Increased time to permanency within 12 months Increased parent and child well-being 	<p>Year 1: See 'B' activities above</p> <p>Year 2: See 'B' activities above</p> <p>Year 3: CFSR Item 8: 88%</p> <p>Year 4: CFSR Item 8: 90%</p> <p>Year 5: CFSR Item 8: 92%</p>
Strategy 8: Increase number of Therapeutic Foster Care (TFC) homes to help improve placement stability for children in foster care.				

Rationale: As Arkansas prepares for the implementation of the Family First Prevention Services Act (FFPSA), the need for more family-like settings for children who may not be appropriate for a Qualified Residential Treatment Program (QRTP) but who also may not be able to maintain in a traditional foster home will continue to increase; or, for children who may have had a QRTP placement but need to step-down to a more structured family like setting than a traditional foster home.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures
A1: Develop strategy to communicate baseline data associated with new TFC performance-based contracts (this will also intersect with Targeted Foster Adoptive Parent Diligent Recruitment Plan Strategy C) to include evaluation and CQI strategies to continuously assess implementation of strategy.	Assistant Director of Placement Support & Community Outreach; Chapin Hall	Summer 2020	<ul style="list-style-type: none"> Improved communication between DCFS and providers Increased knowledge regarding strengths and areas needing improvement for TFC providers Increased knowledge about strengths and needs of children in TFC settings 	<ul style="list-style-type: none"> Communication strategy developed. Meeting schedule with providers TBD
A2: Develop recruitment/retention plan in collaboration with existing TFC providers (this will also intersect with Targeted Foster Adoptive Parent Diligent Recruitment Plan Strategy B, Item 6 and all of Strategy C in that plan) to include evaluation and CQI strategies to continuously assess implementation of plan.	Assistant Director of Placement Support & Community Outreach; TFC Providers	Fall 2020	<ul style="list-style-type: none"> Increased placement options Improved placement stability 	<p>Year 1: N/A (plan not developed until year 2)</p> <p>Year 2: 2% increase in the number of TFC homes</p> <p>Year 3: 4% increase in the number of TFC homes</p> <p>Year 4: 5% increase in the number of TFC homes</p> <p>Year 5: Sustain the number of TFC homes</p>

Strategy 9: Develop and implement Supervised Independent Living Contracts for 40 beds/program openings to provide more placement options and wraparound support for older youth.

Rationale: Feedback from staff and stakeholders is resounding regarding the need for more placement options for youth who elect to stay in extended care. Arkansas plans to take advantage to claim IV-E dollars for youth 18 and older in foster care who reside in a Supervised Independent Living setting.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures
A1: Develop scope of work and contract deliverables	Assistant Director of Infrastructure and Specialized Programs, DHS Procurement Office	Fall 2019	<ul style="list-style-type: none"> Additional placement options for youth 18 and older Additional support/wraparound services to help young adults prepare for transition to adulthood 	Scope of work and PIs completed
A2: Request for Proposal (RFP) Posted	Assistant Director of Infrastructure and Specialized Programs, DHS Procurement Office	Winter 2019-2020	<ul style="list-style-type: none"> Additional placement options for youth 18 and older Additional support/wraparound services to help young adults prepare for transition to adulthood 	RFP posted
A3: RFPs awarded and Supervised Independent Living services begin	Assistant Director of Infrastructure and Specialized Programs, DHS Procurement Office	Spring 2020	<ul style="list-style-type: none"> Assistant Director of Infrastructure and Specialized Programs, DHS Procurement Office 	<p>For all five years:</p> <ul style="list-style-type: none"> Youth placed in these settings stay in foster care until age 21; Youth have secured housing prior to leaving Extended Care; Youth have some type of employment prior to leaving care; Youth have identified support system outside of DCFS and Supervised

				Independent Living provider prior to leaving care; <ul style="list-style-type: none"> • Pre-exit surveys indicate youth feels prepared prior to leaving care
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Goal 4: Build a strong child welfare workforce.

Rationale: The CFSR states that positive outcomes for children and families involved in the child welfare system are directly affected by the workers and supervisors in the field. Arkansas has historically struggled to maintain a strong workforce and has regularly faced high rates of turnover and vacancies with a turnover rate at 46% in SFY 2019. As a result, workers are not able to ensure the safety of children, comprehensively assess families' needs, or effectively engage them in case planning to achieve timely and appropriate permanency. The Parent Advisory Council also made several suggestions regarding creating and retaining quality staff.

CFSR PIP strategies that support this goal include Strategies 14, 15, and 16.

Goal Measures:

- CFSR Well-Being 1:
 - Year 1: 62%
 - Year 2: 65%
 - Year 3: 68%
 - Year 4: 70%
 - Year 5: 75%
- DCFS Turnover Rate:
 - Year 1: Decrease staff turnover rate to 45%
 - Year 2: Decrease staff turnover rate to 43%
 - Year 3: Decrease staff turnover rate to 40%
 - Year 4: Decrease staff turnover rate to 35%
 - Year 5: Decrease staff turnover rate to 33%

Strategy 10: Ensure child welfare staff have the support and tools to allow them to reach full potential.

Rationale: In the Statewide Assessment, stakeholders reported that in areas with high turnover or vacancy rates, caseworkers are assigned cases before completing initial training and the state has difficulty implementing the mentoring and coaching aspects of initial training. The

graduated caseload is designed to provide on the job training opportunities for new hires to practice the skills learned in formal training but without an overwhelming amount of cases assigned and provide casework support to existing staff through secondary case assignments.

The current Compliance Outcome Report (COR) shows data after the fact and is not an effective tool for workers to use as an ongoing monitoring tool. Safe Measures is a web-based reporting service that transforms case management data into actionable information. Agency staff will use Safe Measures reports and dashboards to monitor performance, plan upcoming work, and review completed work.

The addition of more case reviews of counties other than the counties reviewed as a part of the Quality Services Peer Review (QSPR) for PIP purposes has been a request from staff for years. Area directors have felt that the QSPRs do not present an accurate portrayal of services provided from their areas with only three counties reviewed for the QSPR when the average area is comprised on nine counties (with the exception of Area 6 which is made up only of Pulaski County and Area 1 which is comprised of four counties). The addition of more reviews for counties outside of the PIP counties should increase staff buy-in of the QSPR process and provide a more balanced picture of services provided in each area.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures
A1: Continue monitoring and enforcing graduated caseload.	Assistant Director of Community Services, Area Directors, Program Administrators	Ongoing	<ul style="list-style-type: none"> Improved worker retention Improved casework practice with families 	For all five years, 95% compliance rate with graduated caseload.
B1: Implement Office of Chief Counsel (OCC) case management system to track key metrics related to DCFS legal representation.	Office of Chief Counsel Senior General Counsel and supervising attorneys	July 2019 and then ongoing	<ul style="list-style-type: none"> More effectively and efficiently monitor and redistribute attorney caseloads to meet DCFS changing needs across the state. 	New contract for case management system goes into effect July 2019, subsequent progress measures TBD once system in operational.
C1: Continue implementation of SafeMeasures.	DCFS Deputy Director, Training Manager	Spring 2020	<ul style="list-style-type: none"> Better prioritize work and meet deadlines at FSW level. Utilize tool to coach staff regarding best practices and identify and correct issues early at supervisor level. 	<p>Year 1: Complete initial training roll-out.</p> <p>Year 2: Finalize plan for sustaining SafeMeasures Training in New Staff Training and as a refresher when needed and conduct surveys of staff to get feedback regarding use of SafeMeasures.</p>

				Years 3-5: Sustain SafeMeasures.
D1: Enhance PCG Contract for Quality Services Peer Reviews (QSPRs) to review of 100 additional cases per year so that team reviews cases in all 75 counties (additional cases to be primarily electronic reviews supported by interviews).	DCFS Deputy Director, Federal Compliance Officer	Summer 2020	<ul style="list-style-type: none"> Better inform finding for area directors and DCFS Executive Staff and improve buy-in 	Year 1: Update PCG contract deliverables and budget. Year 2: Implement revised contract and begin additional reviews. Year 3: Sustain additional reviews. Year 4: Sustain additional reviews. Year 5: Sustain additional reviews.

Strategy 11: Continue as National Child Welfare Workforce Institute (NCWWI) Workforce Excellent site (see below for more information regarding NCWWI grant).

Rationale: DCFS has the organizational capacity to address its workforce issues but needs the enhanced university partnership and the NCWWI capacity-building services offered through this initiative to meet its goals. With the support of the governor and legislature, DCFS received 187 new positions and funding for those positions in the past two years, but turnover for frontline staff remains around 46 percent. DCFS has implemented strategies to address caseload size and retention, but a more holistic approach is needed, to include the Comprehensive Organizational Health Assessment (COHA), because DCFS needs the workforce framework and expertise offered through this initiative in order to make system change that will be sustained for the Arkansas child welfare workforce.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures
B1: Monthly meetings with NCWWI Project Team and Implementation Teams to include university partner	NCWWI, Implementation Teams, DCFS Exec Staff	July 2019 and then ongoing	<ul style="list-style-type: none"> Increased staff buy-in 	Monthly progress updates provided to NCWWI and Infrastructure and Specialized Programs' Program Administrator.
B2: Select NCWWI stipend students (this activity will then occur the following	NCWWI, UALR, Assistant Director of Infrastructure and Specialized	July 2019	<ul style="list-style-type: none"> Improved staff capacity 	Students selected and enrolled in BSW program and interviews conducted throughout process

spring/summer of each year of the NCWWI grant)	Programs, Training Manager			to assess student support and other program components.
B2: Review National Child Welfare Workforce Institute (NCWWI) Comprehensive Organizational Assessment (COHA) analysis	NCWWI, DCFS Executive Staff	November 2019	<ul style="list-style-type: none"> Increased staff buy-in Improved organizational climate 	TBD based on results of COHA.
B3: Train the Trainers for Leadership Academies	NCWWI, Implementation Teams, DCFS Exec Staff	Spring 2020	<ul style="list-style-type: none"> Enhanced leadership capacity Improved supervision and support to frontline staff 	100% of applicable population trained.
B4: Facilitated Theory of Change process that leads to logic model and implementation plan	NCWWI, Implementation Teams, DCFS Exec Staff	Fall 2020	<ul style="list-style-type: none"> Increased staff buy-in Improved organizational climate Enhanced leadership capacity Improved supervision and support to frontline staff 	Creation of logic model and implementation plan.
B5: Deliver Leadership Academy to DCFS supervisors and managers	NCWWI, Implementation Teams, DCFS Exec Staff, Training Manager, Infrastructure and Specialized Programs' Program Administrator	Fall 2021	<ul style="list-style-type: none"> Increased staff buy-in Improved organizational climate Enhanced leadership capacity Improved supervision and support to frontline staff 	100% of applicable population trained.
B6: Provide coaching and support for Training and Action Team Liaison	NCWWI	Spring 2024	<ul style="list-style-type: none"> Increased staff buy-in Improved organizational climate Enhanced leadership capacity Improved supervision and support to frontline staff 	TBD
B7: Use Rapid Cycle Assessment and other CQI strategies to support implementation	NCWWI, DCFS Executive Staff, Implementation Teams	Spring 2024	<ul style="list-style-type: none"> Increased staff buy-in Improved organizational climate Enhanced leadership capacity 	TBD

			<ul style="list-style-type: none"> • Improved supervision and support to frontline staff 	
B8: Use evaluation and CQI strategies to continuously assess project implementation	NCWWI, DCFS Executive Staff, Implementation Teams	Spring 2024	<ul style="list-style-type: none"> • Increased staff buy-in • Improved organizational climate • Enhanced leadership capacity • Improved supervision and support to frontline staff 	TBD

National Child Welfare Workforce Institute Workforce Excellence Site

The Workforce Excellence Grant was awarded to DCFS by the National Child Welfare Workforce Institute (NCWWI) in May 2019. The grant will provide technical assistance for DCFS to assess the recruitment and retention needs of staff and develop a plan to address those needs over the next four years. DCFS, HR, and DHS Recruitment will participate in data collection and establishment of well-defined metrics related to the current workforce through the Comprehensive Organizational Health Assessment (COHA). Then DCFS, along with organizational partners, will work with the NCWWI evaluation specialist to design and implement CQI strategies for implementation and design and execute a plan to address identified agency needs and continuously evaluate project outcomes, creating a sustainable change.

Known objectives of the implementation include:

- **Completion of the COHA**

During the month of June 2019, an agency wide assessment will be completed through the electronic administration of the Comprehensive Organizational Health Assessment (COHA). The COHA involves evaluation of current agency workforce demographics gathered collaboratively by DCFS, Human Resources, and Recruitment Divisions to identify gaps in human capital. All DCFS staff will be given the opportunity to complete an on-line survey designed to gather information about the Department's employment practices, employee satisfaction, and organizational culture.

More in-depth information will be gathered through focus groups which will be held in each of the five MidSOUTH locations the week of June 24, 2019.

COHA results and implementation science will inform all subsequent steps of the Workforce Excellence project.

- **Improvements in Recruitment Practices**

DCFS is working with Human Resources, University Partnerships, Community Partners, and DHS Recruitment to identify the ideal candidates for positions, as informed by the COHA. Once parameters for candidates are established, workgroups will strive to build and implement strategies to recruit the candidates. Some strategies which have been discussed are review of the Functional Job Description, review of the initial screening process through Recruitment, review and streamlining of the interview process, development of a qualified applicant pool as a standing resource and focus on improving the diversity in the overall workforce.

- **Improvements in Retention Practices**

DCFS is working with agency staff and partners to identify methods to address high staff turnover rates. Staff turnover has been identified as a factor in provision of quality

services to families. Under the grant, University of Arkansas at Little Rock will have a total of 7 intern positions funded to engage in a specialized Child Welfare course of study. These internships would offer unique opportunities that have not been afforded by other internship programs. Current DCFS Program Assistants would be available to bring their significant practice experience to the BSW program. MSW's specializing in Management and Community Practice would be able to secure field placements in DCFS Central office where their skills could be applied to management, policy, and advocacy challenges at the state level. Additionally, Advanced Direct Practice MSW students would be able to develop their clinical skills in a much broader list of settings where child welfare families are being served.

Child Welfare content is integrated into required courses. Additionally, specific elective courses with child welfare content are also included. Development of a DCFS continuum of leadership mobility is a desired goal.

The Department will focus on improvement of quality supervision at all levels. This will be accomplished in part through use of Leadership Academies for Supervisors (LAS). LAS is an on-line curriculum designed to develop supervisory staff into leaders. There is a coaching/mentoring basis for the curriculum which is intended to allow current supervisors to become change agents through coaching/supervising in a manner that promotes development of critical thinking skills for staff.

Staff Training

See narrative under Systemic Factors/Staff Training and 2020-2024 Training Plan.

Technical Assistance

DCFS utilizes several strategies to monitor and assess the effectiveness of its staff, services, and programs as well as to ensure that they lead to improved outcomes for children and families. DCFS develops a number of reports and evaluations to measure the quality of its workforce and services and also utilizes a variety of technical assistance when possible. In particular, the Division makes concerted efforts to monitor its staff in relation to best case practice, and it identifies areas of strength in practice as well as areas needing improvement. The development of new quality assurance reports and projects, or requests for technical assistance are in line with CFSR benchmarks, the Areas Needing Improvement identified in the Statewide Assessment, and/or the goals outlined in the Division's Program Improvement Plan (PIP), as applicable.

Technical Assistance through Casey Family Programs:

Education/Planning on Family First Prevention Services Act

Casey educated judicial stakeholders and current placement providers regarding existing financing barriers and flexible funding strategies under Family First that can contribute to positive outcomes for children and families. These trainings also provided an overview of the federal legislative changes under Family First and encouraged providers to be open to changing business models, as needed, to align with the values in the Act.

Casey provided TA on best practices related to system reform efforts around prevention and reunification services. Casey facilitated two “Initiative Mapping” sessions with AR DCFS Prevention and Reunification Unit to identify programs/services and outline levels of intervention (Primary, Secondary, and Tertiary). This resulted in the unit identifying strengths and areas needing improvement as it relates to targeted outcomes and target population of interventions.

Chapin Hall/Performance-Based Contracting

Casey supports efforts to develop outcomes related to performance-based contracts with congregate care providers by supporting Chapin Hall’s work with DCFS on developing performance-based contracts for therapeutic foster care (TFC). Chapin Hall provided TA to DCFS while procuring for new TFC contracts, including providing an informational session to current TFC providers about performance-based contracting and how it differs from the current model. In addition, Chapin Hall is analyzing the data and will work with DCFS to determine the performance baselines for each provider, whose new contracts will begin July 1, 2019. Chapin Hall will also provide TA on devising a strategy to communicate the baseline information to providers.

Casey Family Programs provides TA through the Deckinga group in Sebastian County. Deckinga supports strategies targeted in Sebastian County to promote cultural change, leadership development, community engagement, and permanency values. TA is targeted at increasing timeline of permanency for long stayers in foster care, which includes Vision of Hope meetings requiring action plans for children in care over 24 months, similar to permanency roundtables. TA also includes funding for the Change Coalition, led by a subcontract with the Whitson Group, which works with DCFS employees and stakeholders to create a culture of change and improve staff morale.

Casey Family Programs provides technical assistance and support through contract with the Children’s Research Center (“CRC”) to develop safety assessments and Structured Decision

Making ("SDM"). CRC conducted key informant interviews to gather information about current practices in safety assessment, risk assessment, and safety planning. CRC reviewed relevant state statutes and DCFS policy. CRC finalized policy review and provided AR Safety and Risk Policy and Practice Memo along with Proposal for Arkansas SDM and SOP. CRC provided DCFS executive team, program staff, and local leadership with an overview on findings in the Arkansas system and the SDM approach. CRC will provide an introductory training on SDM for legal stakeholders, including attorneys ad litem, DHS attorneys, and CASA, to garner buy-in and educate on the direction the state is moving.

Non-Casey Family Programs Technical Assistance

Annie E. Casey/Wildfire Group/NCCD

DCFS Prevention and Reunification Unit has been receiving technical assistance from Annie E. Casey, Wildfire Group, and NCCD on statewide expansion of Team Decision Making Meetings (TDM). With the guidance of Wildfire and Annie E. Casey, it was determined to implement a pilot program in one of the current TDM Areas. TA has included planning the pilot, facilitating workgroup meetings and training, and providing consultation to Central Office leadership on the implementation efforts. TA has also included the implementation workplan for TDM expansion. Oversight of TDM is transitioning from Annie E. Casey/Wildfire to NCCD during this calendar year, so NCCD has been involved in the TA received to date.

National Child Welfare Workforce Institute (NCWWI)

DCFS and its university partner were selected to be in the cohort of eight Workforce Excellence sites in the NCWWI and will receive technical assistance from 2019-2023 as part of the WE Initiative. During this fiscal year, NCWWI provided TA on planning the Comprehensive Organizational Health Assessment (COHA) and began collecting data for the COHA. The COHA will be available for staff to participate in starting June 26 with focus group interviews and an online survey that will be available to be completed for 30 days. Moving forward, NCWWI will assist DCFS with selecting and facilitating local implementation teams in order to ensure local staff are involved in the Workforce Excellence initiatives as determined by the COHA and other information. There are already plans to ensure that these local implementation teams are cross-walked with the implementation teams supported by the National Council on Crime and Delinquency-Children's Research Center that are referenced below for the implementation of Structured Decision Making and Safety Organized Practice.

National Council on Crime and Delinquency-Children's Research Center (NCCD-CRC)

NCCD's Children's Research Center (CRC) has been working to improve child safety, permanency, and well-being since 1993. Much of CRC's work is centered around the [Structured Decision Making®](#) (SDM) system, a set of research-based assessments that help caseworkers make consistent and equitable service decisions for families. Underlying everything CRC does is the importance of research and evaluation. NCCD-CRC will be providing technical assistance and support to DCFS at the executive level and via local implementation teams to roll-out SDM and Safety Organized Practice (SOP) in Arkansas over the next five years. As referenced above, the local implementation teams supported by NCCD-CRD for the purpose of SDM and SOP roll-out will be cross-walked with the local implementation teams supported by NCWWI as a part of the Workforce Excellence site initiatives.

National Center on Substance Abuse and Child Welfare (NCSACW)

DCFS has requested technical assistance from the National Center on Substance Abuse and Child Welfare to accomplish Substance Abuse Training goal from the CFSP PIP (Goal 1, Strategy 4). They will assist with training curriculum and messaging with staff and stakeholders.

Capacity Building Center for Courts and States

DCFS will be requesting support from the Capacity Building Center for Courts and States to achieve CFSP PIP strategy for permanency/concurrent planning and relative placements (Goal 3, Strategies 10 and 12). The Capacity Building Center will assist the division in developing regular communication forums with stakeholders to include DCFS field staff, Office of Chief Counsel attorneys, Court Improvement Project lead, judges, attorneys ad litem, parent counsel, Court Appointed Special Advocates, foster parents, foster youth, and parents to develop a shared vision or understanding of permanency/concurrent planning and benefits of relative placements.

Evaluation

The Division has contracted with various providers to perform evaluations for different programs and case practices.

Professional Consulting Group, Inc (PCG)

Professional Consulting Group is the entity that performs statewide QSPR reviews annually for the state and provides reports of their findings. An area report is completed following each area's onsite review. A second report is completed combining the results of the first 5 areas reviewed.

A final report combines the results of all areas into an annual report for statewide functioning. Ad hoc reports are also completed upon request.

University of Arkansas for Medical Services (UAMS)

The Department has contracted with UAMS to provide evaluation services for the following programs: Safe Care, Nurturing Families of Arkansas, and Intensive In-Home Services.

National Center for Crime and Delinquency – Children’s Research Center (NCCD- CRC)

The Department has contracted with NCCD – CRC to provide evaluation during the course of the contract for bringing Structured Decision Making and Safety Organized Practice to Arkansas.

Implementation Supports

In order to promote the successful implementation of the strategic plan, implementation supports needed include staffing (additional TDM positions already secured and designated, policy development, training and coaching, and enhanced data management reports. Many of these implementation supports are described either in the strategic plan itself or in the technical assistance description above.

SERVICES

Child and Family Services Continuum

Child Welfare Services are a broad category of services to children and their families. DCFS staff provides child maltreatment investigations, family assessment, case planning, referral, and case management services. If a child cannot be maintained safely in his or her own home, DCFS will petition the court for custody and place the child in an approved foster home or licensed residential facility.

The Division delivers services directly and purchases services from private and public agencies, universities and individuals, using state and federal funds. Programs and services of other Divisions within the Department of Human Services (DHS) are also available to clients of DCFS. Delivery of services is coordinated with other Divisions administering TEA/TANF Medicaid, SNAP, Social Services Block Grant, and other federal entitlement programs. DCFS continues to work with the state Community-Based Child Abuse Prevention Program (CBCAP) State Lead Agency funded under Title II of CAPTA to develop child abuse prevention programs, in addition to the ones DCFS purchases.

The Division offers several intervention and treatment services to children and families, including but not limited to: Intensive Family Services, Anger Management, Parenting Education, Interpreter Services, Psychological Evaluations, Respite Care, and Counseling to safely maintain children in their own home.

SFY 2019 FOSTER AND ADOPTION RELATED PROVIDERS AND CONTRACTS

Adoption and foster home approval activities

- Training for DCFS staff, prospective adoptive and foster parents, and current/ active adoptive and foster parents

Additional Adoption Promotion and Support Services include:

- In-home consultation visits with prospective adoptive families
- Adoption home studies
- Adoption summaries on waiting children

Prevention Programs

- **Baby and Me** - A brief, one-on-one parenting education intervention delivered to parents receiving services at WIC clinics. A parent educator is housed at the WIC clinic to meet with parents directly after their certification/nutritional counseling session. The parent educator provides information and education on topics such as: safe sleep, dealing with infant crying, maternal depression, the importance of birth spacing, and developmental screenings for infants. These topics were selected because they are closely related to the leading causes of infant deaths and injuries in the state.
- **Predict, Align, Prevent** - DCFS contracted with an organization called Predict Align Prevent to conduct a geo-spatial risk analysis of child maltreatment and related risk and protective factors in Little Rock, which is the most populous city in Arkansas. Geospatial predictive risk modeling identifies high-risk places where child maltreatment and related fatalities are likely to occur in the future -- without profiling individuals. Using address level data, DCFS is mapping past maltreatment data, child and adult death data, crime data, and other risk factors associated with maltreatment. In addition, DCFS is mapping protective factors present in the community such as childcare centers, churches, and home visiting programs. The resulting maps will clearly demonstrate the largest problem areas in the city and provide insight on the major environmental issues facing those neighborhoods. DCFS will then use the data to begin developing a prevention plan to address the issues identified.
- **ACES** – The Division has been an active participant of the state’s ACE and Resilience Work Group which is coordinated by the Arkansas Foundation for Medical Care and DCFS sits on the steering committee for the Work Group. To support the effort DCFS developed an introductory presentation on the ACE study. The presentation provides an introduction to the ACE study, includes Arkansas specific data, discusses the implications of the study and recommends action steps audience members can take. The presentation will be made available to members of the ACEs/Resilience Work Group as well as used by the Division internally. By having a single presentation available for everyone to use, we can ensure that individuals have accurate information and are delivering a similar message.
- **Stewards of Children** - Stewards of Children is an evidence-informed child sexual abuse prevention program that increases knowledge, improves attitudes, and changes the child protective behaviors of adults. It offers practical prevention training through a conversational, real-world approach. The program can be accessed in two ways: an in-person training led by a trained facilitator or an online video course accessed via the internet. DCFS hosts free facilitator trainings throughout the year. In exchange for the receiving the training, the facilitators agree to train a minimum of 20 individuals in their home community over the next year and are provided with the materials needed to host an event.

Child Welfare Programs Supporting Services in the Field

- **Differential Response:** Differential Response (DR) is a family engagement approach that allows the Division to respond to reports of specific, low risk allegations of child maltreatment with a Family Assessment (FA) rather than the traditional investigative response. The goals of Differential Response are to prevent removal from the home and strengthen the families involved. As with investigations, Differential Response is initiated through accepted Child Abuse Hotline reports and focuses on the safety and well-being of the child and promotes permanency. Having two different response options in the child welfare system recognizes that there are variations in the severity of the reported maltreatment and allows for a Differential Response or an investigation, whichever is most appropriate, to respond to reports of child neglect.
- **Child Protective Services:** Also known as the Investigative response, the goal of this unit is to oversee child maltreatment investigations as a program and improve risk and safety assessments as well as ensure that services are provided as needed to families throughout the course of an investigation.

On February 1, 2018, the CPS Unit implemented Removal Consultations, meaning all decisions in which a child has been removed from the home are reviewed by the Area Program Administrator within twenty-four (24) hours of the removal. These reviews are conducted using a review tool to help ensure consistency in the reviews and ultimately consistency in decision making that prioritizes safety when engaging with families. In addition, the review process is designed to help the worker to write the affidavit and to prepare for testimony in court regarding the immediate danger and reason for removal. These reviews are based upon the value that removal decisions are never driven by anything except answering “yes” to the following question, “Is this action necessary to protect the health or physical well-being of the child from immediate danger? As the TDM meetings are modified, they will serve as the removal consultation and the internal consultations will be phased out.

- **In-Home Services:** When an investigation is determined to be true, DCFS opens an in-home (a.k.a. protective services) case and works with the child(ren) and family in the home in an effort to prevent child(ren) from entering foster care. The In-Home Services Unit, currently consists of two staff members, an In-Home Manager and a Family Service Worker Specialist. The FSW Specialist is responsible for reviewing in-home cases as well as shadowing and coaching in-home services field staff throughout the state in an effort to improve the quality of services offered through these cases and, in turn, ensure that children can safely remain in their homes.
- **Reunification:** The Reunification Program is housed within the Prevention and

Reunification Unit and staffed by a Reunification Specialist. The goal of this unit is to focus on creating a sense of urgency around safely reunifying families and, when families do achieve reunification, ensuring that adequate supports are in place to help the family with the initial transition and prevent maltreatment from reoccurring.

The implementation of Permanency Safety Consultations (PSCs) has been a key task of the Reunification Unit. PSCs are staffings held between the worker and supervisor to review the progress of a foster care case. Other parties may attend, such as the Program Administrator or Area Director. The goal of the staffing is timely reunification. During the staffing the worker is asked to recap:

- The reason the child entered care and why a protection plan was not implemented
- What the parents have done to correct their situation
- The services of which the parents taken advantage
- What behavior changes have occurred in the parents
- What the Department is doing to assist the family
- What services are being provided to the family
- What the barriers are for the family accomplishing their goals
- Whether a safety factor still exists and, if so, what the safety factor is
- What the next steps are to move the case forward.

Permanency Safety Consultations were initiated in May 2017 with cases where the child had been out of the home for 10 months and the goal was still reunification. Beginning October 1, 2017, Permanency Safety Consultations were implemented statewide to be conducted at three, six, and nine months of a child's placement in foster care provided reunification remains the case plan goal. The DCFS Reunification Specialist monitors the Permanency Safety Consultations as well as provide technical assistance to field staff regarding this effort as needed. In addition, several other Central Office staff have been identified as PSC coaches and regularly attend PSCs in the local county offices to help provide a fresh perspective on cases as well as serve as "barrier busters."

- **Criminal Background Checks and Notifications Units**

The Criminal Background Checks and Notifications Units process all Child Maltreatment Central Registry Checks for the State of Arkansas and serve as the point of contact to run all Arkansas Crime Information Center (state background checks) and National Crime Information Center (non-state/FBI background checks) for Division staff and provider applicants/renewals. In addition, this unit ensures all appropriate notices are provided to clients regarding investigative findings and appeal decisions.

DCFS has implemented the Adam Walsh Child Protection and Safety Act that outlines procedures for conducting criminal background checks of prospective foster care and adoptive parents. DCFS policy outlines procedures for child abuse neglect registry for prospective foster and adoptive parents as well as adult members of their household.

DCFS continues to comply with FBI standards as it relates to securing, storing, and disseminating FBI checks. This includes a required online training for anyone who handles background checks before that staff member completes any job duties associated with background check processing.

- **Behavioral Health:** This office provides technical assistance to the local field staff in ensuring quality behavioral health and substance abuse treatment services to clients, diverting acute psychiatric placements when appropriate, facilitating Interdivisional Staffings for youth with challenging behaviors who may also be served by multiple systems, and collaborating with other community partners to prevent inappropriate diagnoses for children served by the Division of Children and Family Services. This office also oversees many of the community-based contracts for services to families.
- **ARCCC Arkansas's Creating Connections for Children (ARCCC):** Arkansas Creating Connections for Children (ARCCC) includes Arkansas's Diligent Recruitment Grant activities as well as the Targeted Recruitment intervention of Arkansas's IV-E Waiver Demonstration Project, which has allowed the state to implement targeted recruitment strategies statewide. The goal of the ARCCC is to recruit, support, and retain a pool of available resources for families in the highest need communities to serve the population most in need (see below for a more comprehensive description). This program, including all federal reporting requirements, is coordinated at the state level by the ARCCC Program Manager.

ARCCC also includes the Centralized Inquiry Unit responds to all traditional foster and adoptive home inquiries that come through the online inquiry website from across the state and processes all initial background checks for applicants.

The four major components of ARCCC are:

1. Community Outreach & Development
2. Recruitment for Targeted Populations
 - a. Youth 10 and older (Areas 3,4,5,9,and 10)
 - b. Youth 12 and older (Areas 1,2,6, and 8)
 - c. Children with Special needs

- d. Children of color
 - e. Sibling groups
3. Child Specific Recruitment (Areas 1,2,6, and 8; Youth in care over 24 months)
 4. Retention & Support of Resource Families

The strategies within ARCCC are designed to recruit, train, and support a cadre of foster and adoptive families who reflect the characteristics of youth in foster care, so these families can assist young people with establishing lifelong connections and achieving permanency in the shortest time possible.

The ARCCC approach encompasses two key elements of the Annie E. Casey Family to Family model: Building Community Partnerships and Resource, Development, and Support. Building Community Partnerships (BCP) elements center on building relationships with a wide range of community organizations and leaders in the neighborhoods and communities with high rates of child welfare involvement in an effort to create an environment that supports families involved with the child welfare system.

DCFS has employed Community Engagement Specialists (CESs) to take the lead on community outreach and education of the child welfare system and establishing partnerships needed to establish a strong network of neighborhood-based resource families. The local, area Community Engagement Specialists (CESs) are now supervised by the area Resource Supervisors.

The CESs perform a variety of duties related to the targeted recruitment and retention of resource homes. The CESs continue to work with their local recruitment teams to ensure community representatives are involved to identify and enhance services and supports that are accessible financially, culturally, and geographically for all families who live there. The specific goals of the local recruitment teams include:

- Develop a network of foster families that are more neighborhood-based, culturally sensitive, and located in the communities of where children entering foster care live and will work to support reunification efforts.
- Reduce the need for institutional or congregate care by meeting the needs of youth in foster family homes.
- Increase the number and quality of foster family homes to meet health, safety, stability, educational, social, emotional, and physical needs of children within their communities and schools.

The Division recognizes that the Family First Prevention Services Act revised the definition of “family support services” to include community-based services “to support and retain foster families so they can provide quality family-based settings for children in foster care.” The state does not yet know what, if any, changes it will make to changes in its use of funds and service array as a result of the revised statutory definition of family support.

- **Transitional Youth Services:** Each child in DHS/DCFS custody, age fourteen or older, in care for 30 days or more is provided with opportunities for instruction for development of basic life skills. Each child, beginning at 14 is assessed every six (6) months to determine the progress in acquiring basic life skills as well as planning for transition to adulthood until age 18 or as competency is achieved in the assessment score (90% or above). Services identified in the assessment to help the child achieve independence are provided directly by staff, foster parents or placement staff, through contract or through arrangement by staff. The Chafee Foster Care Program for Successful Transition to Adulthood provides services to youth in foster care that are often unavailable or unfunded through other program funds such as Title IV-E-Foster Care. Services provided are those supports and services that will enhance the likely of a transition to a successful adulthood. Chafee also serves those youth adopted after age 16 and youth who are eligible for the Subsidized Guardianship. Chafee also provides services to youth leaving care after age 18.

Please see the Chafee Foster Care Program for Successful Transition to Adulthood for section more specific information and updates regarding Transitional Youth Services in Arkansas.

- **Planning:** The Planning Unit is responsible for broad base programmatic planning for the Continuous Quality Improvement (CQI) of the child welfare system. Activities may include the assessment of effectiveness of any program, procedure, or process related to ensuring the safety, permanency, and well-being of children in the child welfare system. There is a focus on strategic planning and utilization of implementation science for sustaining best practices. This unit is responsible for the data collection and reporting on the Child and Family Services Plan, CAPTA, IV-E state plans and amendments as well as the IV-E Demonstration Waiver. It is also responsible for implementation oversight and reporting of any Program Improvement Plan development as a result of a Child and Family Services Review or other federal review, such as the Onsite Federal National Youth in Transition Database (NYTD) Review.
- **Continuous Quality Improvement (CQI):** The Service Quality and Practice Improvement Unit (SQPI) is responsible for DCFS’ case review process, Quality Services Peer Reviews. QSPRs are monitoring tools used to evaluate the quality of the child

welfare system in Arkansas. The QSPR process utilizes the federal Child and Family Services Review (CFSR) onsite review instrument and, as such, also focuses on safety, permanency, and well-being outcomes for children and families. The SQPI Unit employs an annual two-pronged process for conducting QSPRs in each service area. The first part of the review process involves formal case reviews; including evaluations of the Children's Reporting Information System (CHRIS) records and physical case files as well as interviews with individuals pertinent to the cases. Following each review, a report is generated to convey the results and identify successes as well as areas needing improvement. Each Area is encouraged to develop a practice improvement plan relating to the two issues on which the Area scored lowest, unless the Area passed all issues. During the second portion of the review process, reviewers provide coaching to caseworkers and supervisors in order to not only ensure compliance with all federal and state regulations, but also to help staff employ best practices in accordance with the Arkansas Practice Model.

- **Policy:** The DCFS Policy Unit has responsibility for developing, revising, promulgating, and distributing DCFS policies, procedures, publications and forms. Various federal and state laws govern DCFS which requires the monitoring, updating, and developing rules and regulations to maintain compliance with these laws. The Policy Unit also ensures that all field staff receive training on new and revised laws that go into effect as a result of legislative sessions.

During this reporting period, the Policy Unit focused on the development and promulgation of several rules resulting from the 2017 legislative session. The Policy Unit also undertook significant revisions to two long-standing Division Publications: The Child Maltreatment Assessment Protocol and the Foster Parent Handbook.

The scope of the Child Maltreatment Assessment Protocol will be narrowed in an effort to provide more specific guidance to DCFS investigative staff. In addition, this publication has been revised to more accurately reflect the Arkansas Child Maltreatment Act.

The Foster and Adoptive Parent Handbook has been revised to reflect general programmatic updates related to foster care as well as to incorporate information from the current DCFS publication "Standards of Approval for Foster and Adoptive Homes" that is not already currently in the Foster Parent Handbook. Once this is completed, the Standards of Approval for Foster and Adoptive Homes will be rescinded as most of the information in this publication is already located in the Foster and Adoptive Parent Handbook. The goal is to streamline the amount of material foster and adoptive applicants and providers must read and avoid duplication of information. Both the Child Maltreatment Assessment Protocol and the Foster and Adoptive Parent Handbook publications are still in draft form but should be promulgated during SFY 2019.

- **Professional Development:** The Professional Development Unit (PDU) develops and monitors the contracts with MidSOUTH Academy and Academic Partnership in Public Child Welfare to ensure DCFS staff members receive training necessary to perform their job responsibilities. PDU also monitors a variety of continuing education training opportunities offered through the IV-E Partnership and other entities that are designed to enhance staff skill sets and improve practice with children and families. The PDU Manager also maintains and updates the training plan required as a part of IV-E and IV-B.

PDU has been highly involved in the coordination and facilitation of focus groups regarding the New Staff Training curriculum that was implemented in August 2017. Please see the DCFS Training Plan for more specific updates related to PDU.

- **Specialized Placement:** The Specialized Placement Unit coordinates Interdivisional Staffings and locates and assures specialized placement for youth with special needs as well as the keying and monitoring of contract TFC placements and DDS placement.
- **Specialized Services:** The Specialized Services Unit assists field staff with DDS Waiver application packets and other supports to clients affected with developmental disabilities. The Specialized Services Unit is also responsible for assisting field staff with referrals to the Adolescent Sexual Adjustment Program (ASAP). The Arkansas Sexual Adjustment Project (ASAP) is a specialty treatment program within the Family Treatment Program at the University of Arkansas for Medical Sciences for treatment of children and adolescents with sexual behavior disorders. It is unique in Arkansas in its specialization in abuse-focused treatment and management of within-family child sexual abuse.
- **Foster Care Services:** The Division cares for children who cannot remain in their biological/legal parents' homes by locating temporary placements in least restrictive environments, usually approved foster homes. These children, who are usually removed from their families due to alleged abuse or neglect, are cared for while biological families complete the steps put into place by the courts to bring their children home. Plans are immediately put in place for the children, including reunification with biological parents, placement with relatives or significant people in their lives, adoption, and/or other permanent living arrangements. Permanency is paramount to these plans. The Division works with the families to offer all services in conjunction with court orders in order to reunify the family and place the child back in their home.

The Foster Care Unit is also responsible for supporting foster parents. This includes processing foster parent travel reimbursements and ensuring regular communication with foster parents regarding various Division initiatives. During this past reporting period, the Foster Care Unit continued to promote a secure text message system – RAVE -- to allow a DCFS supervisor to text foster parents who have opted into the text program regarding the needs for placements.

The Foster Care Unit also collaborated with the DHS Office of Systems of Technology to enhance the Foster Parent Provider Portal. This web-based portal now includes the following features:

- User Profile with options to upload a family photo, update addresses/phone numbers and opt in/out of RAVE text messaging.
- A new “My Home” panel containing information specific to a foster home such as:
 - Resource Worker Contact Information and Resource Worker Supervisor Information
 - Number of beds the home is approved for and how many are full and available
 - Reevaluation due date
 - Approved Foster Family Support System (FFSS) information.
- Bank Profile to set up direct deposit for board payments and show board payment history
- Placements tab showing current and past placements and contact information for a child’s Family Service Worker and Family Service Worker Supervisor.
- Links to frequently used DCFS forms and publications

The Foster Care Unit is overseen by the Foster Care Manager. In addition to the efforts and activities above the Foster Care Unit is also responsible for:

- Board payments
- Response to resource parent requests and complaints and processing resource parent and volunteer travel
- Consistent communication and connection to the resource parents including least bi-weekly emails to resource parents about various topics.
- Oversight of Private Licensed Placement Agencies and monitoring their compliance with licensing – there are at minimum quarterly meetings with each provider.
- Quarterly meetings with community partnerships that are working directly with recruitment and resource parent support.
- Continued monitoring of relative placements and ensuring that children and youth are being placed with relatives at removal.

- Collaboration with Division of Child Care and Early Childhood Education (DCCECE) to continue to promote the message of children being in Head Start or ABC programs.
- Participation in Placement Team Meetings which focuses on the youth in Congregate Care and tracking to ensure that they were moved to a family setting as quickly as possible.
- Approval of mentors and other volunteers.

DCFS is fully aware of the complexities that face all child welfare agencies when ensuring the safety, permanency, and well-being for vulnerable children and families statewide. One of the most challenging tasks is working with birth families whose children have been removed from the home. Birth families that have children in the foster care system deal with multiple stressors. They not only struggle with the issues that precipitated the loss of their child, but also with the trauma of the removal itself. Other challenges include, but are not limited to: poverty, single parenthood, domestic violence, substance abuse, and mental/physical abuse. The agency understands that birth parents can be defensive about sharing information about themselves and their children. As a result, they are sometimes reluctant to respond to caseworkers and to services being offered.

- **Adoptions:** All children have a right to a safe, permanent family. The Division of Children and Family Services develops and implements permanency plans for children. One option is to terminate parental rights to a child for adoptive placement, when it has been determined that reunification with the family is not a viable option. The court may consider a petition to terminate parental rights (TPR) if the court finds that there is an appropriate permanency placement plan for the child. It is not required that a permanency planning hearing be held as a prerequisite to the filing of a petition to terminate parental rights, or as a prerequisite to the court considering a petition to terminate parental rights.

Arkansas Adoption Program will continue to invest resources in the following activities:

- Partner with THV 11 for their “A Place to Call Home”, featuring children available for adoption. The cost includes thirteen weekly segments that will run from September through November and a monthly feature for one year. This is a valuable recruitment tool for adoptive families. Information on fostering, mentoring teens transitioning out of care, and other areas of need is also included. They also refer viewers to our Heart Gallery Website with banners for viewing the Foster Care and Preventive Services Website. Three 30-minute specials per year are also done, which includes a special Christmas party in December where the children are presented gifts from Santa.
- Provide promotional items and updating adoption informational material, specifically the brochure about Post Adoption Services, to be used at Heart Gallery presentations, recruitment activities, and other adoption events and distributed to DCFS staff and resource applicants.

- Provide respite for post adoption services.
- Assist with other services either not covered by Medicaid or for children who do not receive Medicaid and are permitted under Titles IV-E and IV-B.
- Recruitment includes annual adoption picnics where prospective adoptive families and children waiting adoption are invited to participate.

Service Coordination

The Division of Children and Family Services cannot do its work alone. It is part of the larger child welfare system that includes its sister agencies within the Department of Human Services (e.g., Medicaid, Behavioral Health, Developmental Disability Services, Child Care and Early Childhood Education, SNAP, etc.), the Maternal Child Health Program, local school districts, domestic violence shelters, substance abuse treatment providers, and private child welfare agencies to name a few. Please see the Collaboration section for more information on various child welfare partners and service coordination.

The family-centered staffings and assessment and associated case planning processes are the crux of service coordination for families involved with the child welfare system. This ensures that services identified with a family align with the identified strengths and needs of that family. DCFS policy requires that not only the family be involved with the assessment and case planning processes, but also other caregivers, parties to the case, service providers, and extended family members as appropriate. Having other service providers at the table is especially critical for those families involved in multiple systems such as juvenile justice, mental/behavioral health, and special education. Having their voices at the table can ensure that the family's child welfare case plan aligns with any applicable Individualized Educational Plans and 504 plans a child may have, treatment plans that a mental health service provider may have developed, special recommendations from a child's primary care provider or other medical specialists, etc.

The Behavioral Health Transformation is one specific example of service coordination that merits noting that includes the child welfare system but goes beyond it as well. The goal is to have a system that can better handle the complex issues facing Arkansans before their needs become acute, which will keep children and adults out of more expensive hospital and residential treatment centers. The transformation created a tiered system of services, care coordination, and an independent assessment that will ensure people get the right services in the right setting to meet their needs. The transition to the new system began in July 2017 and uses an independent assessment to determine a person's need and place them on one of three levels, or tiers, which allows them to access certain services that range from counselling to residential treatment. Children in foster care who are getting behavioral health treatment receive an

independent assessment and the results are used to ensure they are receiving the needed services to develop a care coordination plan. On March 1, 2019 the Provider-Led Arkansas Shared Savings Entity (PASSE) model began providing care coordination for eligible individuals statewide.

As previously referenced throughout this document, the state's Community-Based Child Abuse Prevention (CBCAP) Program is embedded in the DCFS Prevention and Reunification Services Unit, so this grant program works hand-in-hand with the Division to coordinate services and work to prevent child abuse.

The Commission on Child Abuse, Rape, and Domestic Violence is the state's Children's Justice Act agent. Every three years, the Commission comprehensively reviews and evaluates all laws, policies and procedures regarding child abuse and neglect cases, placing particular emphasis on child sexual abuse, and suspected child maltreatment-related fatalities. Also as described in the Collaboration section, the Commission staff member who oversees the Children's Justice Act for Arkansas is a member of the DCFS Advocacy Committee and also works closely with the Division throughout each legislative session to craft laws designed to protect children.

The Division also regularly works with the Court Improvement Program (CIP). This collaboration has included serving on the Division's CFSR PIP Committee, co-facilitating the Child Welfare Taskforce, and assisting and supporting the Children in the Courts Conference. The CIP Director has also actively served on several workgroups related to the implementation of some of the Division's CFSR PIP strategies aimed at increasing collaboration between the legal system and DCFS and improving the overall working relationship between this parties.

Service Description

The CFSR identified concerns with the overall service array and accessibility of services, especially in the rural areas of the state that affected service provision. According to information in the Statewide Assessment, parenting classes often are not individualized, and counseling and mental health services are rarely effective. Stakeholders confirmed that the lack of effective substance abuse services resulted in inaccurate assessments, misdiagnoses, and ineffective treatment. Stakeholders also agreed that services to address the individualized needs of children with severe mental/behavioral health needs and stabilize their placements, individualized parenting classes, culturally competent services, services for Spanish and Marshallese-speaking families, and substance abuse treatment for parents, are often not available statewide or are difficult to obtain.

Additionally, staff and supervisor focus groups conducted in August of 2018 described a wide variation in quality and quantity of providers across counties, with some counties describing a shortage of local providers. Additionally, both agency and judicial focus groups clearly identified mental health services and drug treatment as the most significant gaps in available services, and accessibility, such as funding and transportation, as primary barriers. Specific concerns regarding the quality of mental health services were noted. A comprehensive needs assessment completed in 2017 by polling local staff in each county in the state to determine what services are currently available, what services are needed, what -- if any -- barriers exist to accessing services, and the quality of the services being provided corroborated the focus groups' feedback.

A similar theme emerged in the Parent Advisory Council discussions regarding development of the 2020-2024 CFSP. While not necessarily specific to services, they were able to learn about varied programs that are either not available on a statewide basis or limited to certain populations within the child welfare system such as Nurturing the Families of Arkansas, Team Decision Making, and Safe Babies Court Teams, and, upon hearing upon the positive experiences some of their peers had with these programs, recommended that they be more widely available.

Please see Service Array Systemic Factor description under Assessment of Current Performance in Improving Outcomes and for more information.

Stephanie Tubbs Jones Child Welfare Service Program

Promoting Safe and Stable Families Program funds will be used to purchase drug kits and quality assurance services. These funds will also used to fund the Arkansas's Central Registry.

Services for Children Adopted from Other Countries

The following Post Adoption services may be offered to help preserve adoptive families:

- Adoption Subsidy
- Mutual Consent Voluntary Adoption Registry
- Casework management
- Information about, and referral to service providers
- Respite care
- Education and training
- Adoptive parent support groups
- Resource library
- Intensive Family Services
- Family Support Services

The Adoption Specialist will open a supportive service case when providing post adoption services and assign to the adoption unit. If the case stays open longer than 30 days, it will require a FAST and case plan to be completed. This will help document needed services and hold the agency and the family accountable for the services. If the case turns into a foster care case the worker will be able to show what post adoption services were offered to the family and how the family worked with the agency to help prevent the child from entering foster care.

Services for Children Under the Age of Five

The Division is committed to ensuring that children who must enter foster care then safely and swiftly achieve permanency. This goal is especially critical for children under the age of five. Over the next five years, the Division plans to continue to work with a variety of providers and partners to help reduce the length of time young children under the age of five are in foster without a permanent family. This includes strategies in the plan for enacting the state's vision such as working to increase the quality of parent-child visits and exploring the development of a visit coach program.

Arkansas has developed and accesses an array of services to ensure the well-being needs of the children under the age of five years population is served and to reduce the length of time children in foster care under the age of five are without a permanent family. The Division worked diligently on strengthening the relationship with our Division of Child Care and Early Childhood Education (DCCECE) as well as local community providers who focus on early intervention services for high risk populations. DCFS continually promotes the use of Head Start and Arkansas Better Chance (ABC) quality early childhood programs for children in foster care as the preferred child care option and as way to help address the developmental needs of all vulnerable children under five years of age. DCFS utilizes data reports, trending reports, monthly reports from providers, and shared information from sister divisions and community partners to identify needs and services and monitor the effectiveness of services provided.

Other strategies and programs include:

- Trauma Informed Training;
- Promoting evidence based-therapies in collaboration with Arkansas Building Effective Systems for Trauma (AR-BEST) targeted such as Child Parent Psychotherapy (CPP- treatment for children ages 0-5) that has been shown to reduce emotional and behavioral difficulties associated with trauma, enhance safe caregiving practices, and strengthen the parent-child relationship and Parent-Child Interaction Therapy (PCIT -- treatment for children ages 2-7) with disruptive behavior, including those with trauma, that has been shown to reduce behavior problems, strengthen parent-child attachment, and improve trauma symptoms;
- Messaging regarding the requirement to refer all children under the age of three (3) involved in a substantiated case of child maltreatment (regardless of whether all of the

children are named as alleged victims) to DDS Children's Services for an early intervention screening if not already referred while the investigation was pending in an effort to address the developmental needs of these young children;

- Focus on opening more relative provisional homes (research shows children have a higher rate of placement stability with relatives which in turn often positively impacts long-term permanency outcomes for children);
- Implementation of Removal Consultations held within 24 hours of all removals to ensure consistency in decision-making and, if appropriate, release the 72-hour hold if removal was not warranted;
- Implementation of Permanency Safety Consultations (held at three, six, and nine months of each foster care case with a goal of reunification) in an effort to safely expedite a child's return home or, if necessary, pursuit of the concurrent permanency plan.

Below are additional initiatives that improve the lives of Infants and Toddlers in Arkansas Child Welfare System:

Zero to Three, Safe Babies Court Team Project

The Zero to Three Safe Babies Court Team (SBCT) Project is a collaboration between the Division of Children and Family Services, the Division of Child Care/Early Childhood Education (DCC/ECE), and Zero To Three. The purpose of this program is to:

- Reduce the occurrence of abuse and neglect
- Increase awareness of the impact of abuse and neglect
- Improve outcomes for vulnerable young children

Currently the SBCT is implemented in the 10th Division of Pulaski County and in Judge Smith's court in Benton County.

Project PLAY (Positive Learning for Arkansas' Youngest)

Within DHS, the Division of Child Care and Early Childhood Education partnered with the Division of Children and Family Services along with University of Arkansas for Medical Sciences to facilitate collaboration between early childcare programs and specially trained mental health professionals.

The goals of Project PLAY are to:

- Promote positive social and emotional development of children through changes in the early learning environment; and
- Decrease problematic social and emotional behaviors of young children in early child care settings by building the skills of child care providers and family members.

Project PLAY activities include:

- Outreach to Better Beginnings approved child care centers in targeted areas to identify high quality centers that are currently serving foster children or may be appropriate for future placements for foster children. Work to increase quality in centers at the lower levels of Better Beginnings that are currently serving foster children. Use Project PLAY staff to educate biological parents, foster parents, DCFS workers, and other on the importance of a high quality child care environment that remains consistent for the child regardless of changes at home or custodial changes.
- Ensure that child care professionals have the support they need to maintain foster children in quality care settings.
- Educate the childcare professionals about what to expect when working with children who may have experience trauma, and the importance of their role as a stable figure in the life of the child.
- Provide support for the caregivers regarding ways to manage difficult behavior and support healthy social and emotional development.
Promote communication and consistency between home and school.
- Provide one-on-one education to biological and foster parents about the importance of continuity of child care when the child is transitioning between homes, or if a change in child care cannot be avoided, assist with the transition.

Child Care & Child Welfare Partnership Toolkit

This toolkit is designed to enhance the important partnership between child care providers and family service workers in the child welfare system, with the goal of ensuring that foster children get the best care possible. The toolkit includes:

- A brief article about the impacts of trauma on young children and what caregivers can do to help.
- An Information Exchange guide designed to 'jump-start' the sharing of information between the child care provider and the family service worker.
- A Child Progress Update form that teachers may want to complete and give to the family service worker to let them know how the child is doing in the preschool classroom. This information may be useful for the family service worker in the ongoing development of the child's case plan and in reporting to the court.
- Information about how to obtain Immunization records when needed.
- "Saying Goodbye" – Suggestions for creating a smooth transition when it is time for the child to leave the center.
- A Developmental Milestones handout with information on typical behavior for children of different ages and suggestions for teachers/caregivers/parents to promote healthy development in young children.

Natural Wonders/Home Visiting Services

This project is made possible through the Department of Health's Maternal, Infant, and Early Childhood Grant. Projects include:

- Infant Mortality/Support for infant death review and investigation
- Injury Prevention/Safety Baby Showers

Teaching Important Parenting Skills (TIPS)

Teaching Important Parenting Skills (TIPS) is an evidenced-based parenting education toolkit based on the Brief Parenting Intervention Model and developed by the University of Arkansas for Medical Sciences (UAMS). It translates recent research on a variety of topics from biting to potty training to “spoiling” babies into brief, family-friendly messages. It essentially is a toolkit designed to meet parents where they are in terms parenting their children at any given point in time. As such, TIPS allows professionals to engage parents, respond to parents’ most current concerns, and tailor parenting information to individual families. TIPS is available to all parents without them attending parenting classes, though TIPS may be used as a supplement to traditional, classroom-based parenting programs. TIPS is also utilized by child care providers licensed through the DHS Division of Child Care and Early Childhood Education and who participate in the Better Beginnings Program. Finally, TIPS has also been implemented by DCFS in the following county offices: Randolph, White, and Conway. UAMS is currently conducting an evaluation of the TIPS program as it is being used by these three DCFS county offices.

In regards to activities the state plans to take over the next five years to address the developmental needs of all vulnerable children under five years of age, the Arkansas Children’s Trust Fund continues to be a component of the DCFS Prevention and Reunification Unit and spearheads primary prevention efforts for the Division, many of which are geared toward the under five population and designed to improve child outcomes. These activities and programs include:

All Babies Cry – A hospital-based intervention that teaches parents how to handle infant crying. It starts with an 11-minute video shown prior to discharge. Parents are also provided with an educational booklet about infant crying that includes an Arkansas specific code. Parents may enter the code on a website or via a mobile device (cell phone) that allows them to access additional videos. Fourteen hospitals across the state are currently participating.

ACEs Activities – The Children’s Trust Fund program director is a member of the steering committee of the Arkansas ACEs and Resilience Collective Impact. In addition, the Children’s Trust Fund is supporting the development of an ACEs introductory presentation that will be available for our own use internally and for members of the Collective Impact’s Speakers Bureau.

The presentation will help educate more people across the state with a consistent and clear message. Screenings of the Resilience Film have also been shown across the state.

Baby and Me WIC Clinic Project – The Children’s Trust Fund supports Parent Support Mentors in nine WIC Clinics across the state. The Mentors provide one-on-one sessions with mothers beginning prenatally and through the first six months of the baby’s life. The sessions include a brief educational lesson and a check of developmental milestones followed by activities to promote parent/child interaction. Parents are also be connected to community services and supports as needed.

Predict-Align-Prevent – The Children’s Trust Fund is working with Predict-Align-Prevent to conduct a three-phase project. The first phase will utilize multiple data sets to determine where child abuse is most likely to occur in the state. The second phase will allow the agency to determine the types of services or strategies that are needed in the identified areas. The third phase will be implementation of those strategies in the selected areas.

In addition, early in 2019, Arkansas was selected as one of eleven states to receive a Pritzker Children’s Initiative Prenatal-to-Age-Three Grant signifying a decisive step toward securing the high-quality services and programs needed to ensure the healthy development of Arkansas families with infants and toddlers. This is a planning grant to develop an ambitious prenatal-to-age-three agenda to strengthen our cross-sector coalition of community and state leaders to expand programs and policies that set our youngest children on a path for future success in school and life. There will be three policy focus areas: Early Supports and Services, Home-Visiting, and Early Care and Education. Two DCFS staff members attended the kick-off meeting for this planning grant in June 2019 and are excited to take part in this true collaborative effort that will DCFS take another step forward in the primary prevention arena and help to strengthen infrastructure and programs designed to address the developmental needs of all children under five years of age.

Efforts to Track and Prevent Child Maltreatment Deaths

Arkansas receives information on child maltreatment fatalities through the referral of the child abuse hotline. Most of these referrals are from mandated reporters such as law enforcement, coroners, medical examiners, members of child death review teams, and physicians. Referrals involving fatalities are documented in the National Child Abuse and Neglect Data System (NCANDS).

Steps to Track and Prevent Child Maltreatment Deaths

DCFS Internal Child Death Review Committee

The Agency reviews reports on all deaths from all cases of children with whom the agency has been involved in any way during the twenty-four months prior to the child's death. The DCFS Internal Child Death Review Committee reviews DCFS actions and prior involvement in order to make recommendations to improve child safety and investigative practices both locally and statewide. The standing committee consists of the DCFS Director, the Assistant Director and Program Administrators for Community Services, and the CPS Manager, and all pertinent field staff are engaged throughout the review process. The DCFS Director reviews all recommendations from the Committee and assigns them to the appropriate staff within her administrative team for implementation. Upon approval and implementation of the recommendations, the Director reports the implementation of the recommended actions to the DCFS Executive Staff. In addition, DCFS policy and procedures are updated to reflect any needed changes identified through these reviews. As a result of the internal child death review process, additional training has been provided to investigators and supervisors to improve the quality of the investigations and to ensure timely documentation and disposition.

Child Death and Near Fatality Multidisciplinary Review Committee/External Child Near Fatality and Fatality Review Team

The sunset clause for the Child Death and Near Fatality Multidisciplinary Committee went into effect July 30, 2017. As such, this committee was no longer required by law. However, this committee, now, renamed the External Child Near Fatality and Fatality Review Team, has continued to meet throughout this reporting period to review applicable near fatalities and fatalities and worked to make some revisions the DCFS Child Near Fatalities and Fatalities Policy.

The External Child Near Fatality and Fatality Review Team is comprised of the following members:

- DCFS Director or designee;
- DCFS Assistant Director of Community Services or designee;
- DCFS Family Service Worker (FSW) Supervisor designated by the DCFS Director;
- DCFS FSW Investigative Supervisor designated by the DCFS Director;
- Crimes Against Children Division Commander or designee;
- Arkansas Commission on Child Abuse, Rape, and Domestic Violence Executive Director or designee;

- Children's Advocacy Centers of Arkansas Director or designee;
- Arkansas CASA Association Director or designee;
- Arkansas Children's Hospital's Team for Children at Risk and Arkansas Children's House Director or designee;
- Dependency-Neglect Attorney Ad Litem Director or designee;
- Office of Chief Counsel Director or designee;
- The Governor's Senior Advisor for Child Welfare;
- A member of the Arkansas Child Death Review Panel;
- A member of the Arkansas Department of Health;
- A member appointed by the chair of the House Subcommittee on Children and Youth of the House Committee on Aging, Children and Youth, and Legislative and Military Affairs;
- A member appointed by the Chief Justice of the Arkansas Supreme Court.

Arkansas Infant and Child Death Review Program

In 2011, the Arkansas Infant and Child Death Review Program was created within the Arkansas Department of Health. It is now administered by the Department of Pediatrics of the University of Arkansas Medical Sciences and Arkansas Children's Hospital and supported by a contract with the Arkansas Department of Health, Family Health Branch.

The purpose of the Arkansas Infant and Child Death Review (ICDR) Program is to improve the response to infant and child fatalities, provide accurate information on how and why Arkansas children are dying, and ultimately reduce the number of preventable infant and child deaths by establishing an effective review and standardized data collection system for all unexpected infant and child deaths.

To date, there are eleven active local level review teams that review infant and child deaths covering all 75 counties in Arkansas. All child fatalities meeting the local child death review team's criteria are entered into the Arkansas Child Death Review data system. The results and recommendations from the local child death review teams are submitted to the Arkansas Child Death Review Program for follow up and implementation. The DCFS Area Directors serve as core team members of the review teams in their areas.

The Arkansas Infant Mortality (AIM) Team

This team was formed in 2014, to exclusively review deaths of infants under the age of one in counties not covered by local Infant Child Death Review Teams, allowing 100% of eligible infant deaths in the state to be reviewed. In May 2016, the AIM Team combined with the Pulaski County Infant and Child Death Review Program in order to streamline work in this area. The

State Review Panel and the local child death review teams consist of the representatives listed below:

- The Arkansas Medical Examiner's Office.
- A coroner who is registered with the National Board of Medicine legal Death investigators.
- The Center for Health Statistics of the Department of Arkansas State Police.
- The Division of Children and Family Services of the Department of Human Services.
- The Crimes against Children Division of the Department of Arkansas State Police.
- The Arkansas Child Abuse/Rape/Domestic Violence Commission.
- A physician who specializes in child abuse.
- The College of Public Health at the University of Arkansas for Medical Services.
- The Office of the Prosecutor Coordinator.

See CFSP Attachment D: Child Death Protocol for more information.

Promoting Safe and Stable Families Program

Promoting Safe and Stable Families (title IV-B, subpart 2) helps to fund Division quality assurance activities and also includes services such as Diagnostic Services, Clinical Testing Services, Counseling, Home Studies, Drug Kits, Medical Services, and Psychological Evaluations. Services are available statewide to any family who needs and is referred for the service. Refer to service maps to show providers in each area/county.

Percentages of title IV-B, subpart 2 funds will be expended on service delivery as follows:

- Family Preservation - 24%
- Community-based family support – 18%
- Family reunification – 14%
- Adoption promotion and support services, and on planning and service coordination – 7%

Service Decision Making Process for Family Support Services

Purchased Services Decision Making Process: Overview

Request for Proposals (RFPs), Request for Qualifications (RFQs), and Invitation for Bids (IFBs) are issued to seek proposals from qualified organizations to provide services. Respondents operate community-based businesses, serving designated client populations. Moreover, they must be listed as being in good standing with the Secretary of State's office.

The respondents submit proposals in two separate parts, technical and cost. The proposals are then evaluated in four general phases with some variation depending on whether an RFP, RFQ,

or IFB is issued:

- Phase 1 is the review to ensure all minimum qualifications are met and is mandatory. Proposals must pass this phase before being moved forward for further review.
- Phase 2 is the evaluation of the technical proposal. Respondents must demonstrate how they are able to effectively and efficiently deliver the service.
- Phase 3 is evaluation of the cost proposal.
- Phase 4 is ranking of the proposals after the final scores for each respondent for the technical and cost proposals are added together for a final overall score. The highest number of points is ranked number 1. The other proposals are ranked in descending order based on their number of points.

A contract is awarded to the respondent whose proposal is determined to be most advantageous to DCFS and DHS based on the selection criteria, not necessarily the lowest price.

For smaller purchases, a purchase order may be established.

Populations at Greatest Risk of Maltreatment

Garrett's Law/Substance Exposed Infants

Garrett's Law (GL), which was named after a child who was born under such circumstances, is the commonly used term to describe infants found to be neglected as a result of the presence of an illegal substance in the mother's or infant's bodily fluids or bodily substances at the time of birth. Mothers cited in GL reports are not listed in the state's Child Maltreatment Central Registry, even if the report is determined to be true. This change was made in response to concerns that being listed in the maltreatment registry might have negative consequences on employment prospects of mothers involved in such reports, among other drawbacks.

The Division considers the infants involved in Garrett's Law referrals and cases to be one of the populations at greatest risk given the vulnerability of young infants, the impact substance use can have on parenting, and the fact that many of Arkansas's co-sleeping deaths involve drugs of some kind (some of which did have GL referrals at birth and others that did not). For this reason, the Division has attempted a significant number of efforts related to supporting GL babies and their families. These include referring all GL families, regardless of whether the child is removed, to Team Decision Making Meetings and selecting GL families as one of the target populations for the SafeCare Home Visiting Program. SafeCare is an evidenced-based program that provides intensive home visiting services to participating families. This program focuses on improving parent/child interaction, and the parent's ability to address health and safety issues

for the children in the home. It is an 18-22-week program in which the home visitor spends approximately 1.5-2 hours each of those weeks in the home working with the family.

Other efforts to provide more services and supports to the population of families with a GL referral in an effort to protect this vulnerable population include reviewing substance abuse providers' contract program deliverables and beginning a new monitoring process for those providers, providing information to all families regarding safe sleep, and trying to determine a stronger training curriculum for DCFS staff and legal stakeholders to have a better understanding of substance use disorders – from engagement with families suffering from substance use disorder to screening and referrals to treatment and the road to recovery – which is one of the Division's Child and Family Services Review Program Improvement Plan strategies (Goal 1, Strategy 4, but please note the DCFS CFSR PIP is still pending approval from the Children's Bureau).

During this reporting period, the DCFS Prevention and Reunification Team was invited by the Arkansas Children's Hospital Nursery Alliance to explain the agency's approach regarding GL and the intended outcomes. Arkansas Children's Hospital created the Arkansas Children's Hospital Nursery Alliance to support hospitals around the state so that their patients and families can receive care closer to home. The agreement puts into place coordination of care between neonatologists, nursing, and other clinical staff at ACH's NICU and physicians in member hospitals' (currently there are six-member hospitals) NICUs and newborn nurseries to help further improve the quality of newborn care as measured through outcomes, in particular, infant mortality. The Nursery Alliance creates networking and learning opportunities for both hospital members and Arkansas Children's Hospital, shared between people who are caring for newborns to work together to improve the health and well-being of babies and their families. The Division was encouraged by the opportunity to speak with this group of healthcare providers about Garrett's Law. It provided a forum for them to explain DCFS' approach with GL to assess, refer for services and use Health/Safety factors to guide decisions on possible removals (as opposed to removing for a positive drug test).

Children Affected by Domestic Violence

Research suggests that nearly 30 million children are exposed to some type of family violence before the age of 17, and there is a 30 to 60 percent overlap of child maltreatment and domestic violence.⁶

Children living in families where domestic violence is present may be physically harmed (either accidentally or intentionally when witnessing violence), sexually harmed (either intentionally abused or indirectly from witnessing unhealthy relationship patterns) or traumatized from experiencing domestic violence. Children exposed to domestic violence are more likely to experience a wide range of difficulties, that can vary by age and developmental stage. Difficulties generally fall into three categories: (1) behavioral, social, and emotional problems; (2) cognitive and attitudinal problems; (3) long-term problems, including higher rates of delinquency and substance abuse. Children's developmental levels at the time of their exposure to domestic violence have an impact on their experience of it and its effects.

Local staff and community stakeholders have continued to voice a concern about being adequately equipped to recognize and address issues of domestic violence, particularly as it affects children in the home. This population can be particularly difficult for staff given that domestic violence in and of itself is not defined as child maltreatment in Arkansas. As such, this is a population at greatest risk of maltreatment that the Division would like to focus on improving both assessment of and service provision to over the next five years.

The implementation of Team Decision Making (TDM) as part of the state's IV-E Waiver Demonstration Project allowed the counties in which TDM was implemented to make some initial headway in improving relationships with local domestic violence shelters and prevention programs. Over the next five years, DCFS plans to build on those relationships. In addition, the agency hypothesizes that the roll-out of the NCCD-CRC Structured-Decision Making suite of tools and Safety Organized Practice will also help it improve risk and safety assessments of

⁶ Capacity Building Center for States, 2018: [Child Protection in Families Experiencing Domestic Violence \(2nd ed.\)](#)

families where domestic violence is an issue (among others) and improve planning around domestic violence issues.

Monthly Caseworker Visit Formula Grants

Caseworker Visits with Foster Care Children-Details for FFY

This report gives an overview of the Caseworker Visits with Foster Care Children information for the FFY. The counts and percentages are submitted to the federal government by December 15 each year for the previous FFY (October-September). It provides an overview for each month for the FFY. This report can be used as a good monitoring tool for staff to determine what foster care clients should receive a visit and have/have not been visited as per the Case Contact documentation per Month. The report is refreshed daily.

This report includes all children under age 18 who have been in foster care for at least one full calendar month during the FFY. (Calendar month = last day of previous + all days during current month + first day of subsequent month).

The report is sorted by Area/County of Current Primary Assigned Worker (Staff Name). Report also includes Primary Staff County, Case ID, Client ID, Client Name, Age, DOB, and the monthly information:

- A column appears for each month October-September:
 - In Care: Y will appear if the client is considered in care for that entire month (Visit required) or N will appear if the client is not considered in care (Visit not required)
 - Regular visit (Reg. Visit): For the month, Y will appear if at least one Case Contact meets the conditions (in Requirements) or N will appear if the conditions are not met.
 - Home Visit: For the month, Y will appear if at least one Case Contact meets the conditions (in Requirements) or N will appear if the conditions are not met. If Home Visits is a Y, then Reg. Visits should be a Y

There is a Total Months in Care column that gives the total count of months the foster care child is considered to be in care and should have had a visit.

There is a Total Reg. Visits that gives the total count of visits that meet the regular visits criteria.

There is a Total Home Visits column that gives the total count of visits that meet the home visits criteria.

The total per Staff, per County, and per Area appear in rows after each condition.

At the end of the report, the overall totals and percentages show what will be sent to the federal government when it is time to submit, by December 15 for the previous FFY.

The state missed previous performance standards due to high caseloads and staff turnover. There has been a decrease in the number of children in foster care over the past year, but staff turnover has remained a consistent issue.

Arkansas continues to monitor and assess the frequency and quality of worker visits. The Prevention and Reunification Unit in Central Office sends out updates using the 120-day visit report in CHRIS net to each Area Director. In this report, it highlights those clients in red that are needing prompt attention to having a visit completed. Each month, both the Area and County level monthly charts are sent out as well. These charts are two separated by In Home Monthly Visits and Foster Care Monthly Visits. During monthly Area Director meetings, the Assistant Director over Community Services will discuss with the Area Director's monthly home visit numbers. As needed, each Area Director will identify barriers specific to their county level and the county supervisor must develop a plan to increase number monthly caseworker visits and improve performance at the local levels. These local improvement plans will also be monitored by the Area Director. This will be a standing topic in each monthly meeting both locally, area wide and in the Area Director's monthly meetings. These plans are also added to their monthly reports that the Area Director's submit. Through this planning, monitoring, and tracking, the Division believes there will be more focus around monthly caseworker visits, so numbers should improve.

The caseworker visit funds were part of salaries to direct service staff to ensure activities are carried out. Although DCFS has not recently seen a major improvement in caseworker visit percentages overall, there has been some incremental improvement. The Division plans to assess what strategies are working for those areas and share with other areas for consideration.

It is the Division's intent to continue with the implementation of its practice model framework which has an emphasis on safety, family engagement, involvement, and visits with parents and children. In addition, the Assistant Director of Community Services has included this item as a priority area needing improvement for field with both primary and secondary cases assigned in each Area. As she meets with the Area Directors and their staff, she includes data specific to their area and county and ensures it is a part of the agenda and consultations by the use of COR and monthly charts that are now part of data that helps in monitoring compliance all the way to the local county level.

Additional Services Information

Child Welfare Waiver Demonstration Activities

Arkansas has continued to implement five of the initiatives from the Child Welfare Demonstration waiver and will continue to sustain these programs when the Waiver ends on September 30, 2019.

- **Differential Response (DR)** Differential Response (DR) continues with statewide implementation. Over the next five years with Division will work to increase monitoring of DR referrals at a Central Office level through reviewing current DR reports to determine if any revisions need to be completed to make DR reports more user friendly for field staff. The DR Program Manager will also obtain feedback through surveying the field to determine what reports would be useful for monitoring DRs.

The DR Program Manager will also continue to work with MidSouth to develop a concentration specifically for new DR workers. Currently DR is only briefly covered on Day One of the Investigation Concentration, which necessitates an additional training to be provided to new DR workers through specialized training provided by the DR Program Manager. Additional training needs to be provided bi-annually for advanced practice to improve workers' knowledge and skills after the initial training. The DR Program Manager and the Federal Compliance and IVE Waiver Administrator are currently developing a DR training for supervisors that will be provided to all DR supervisors statewide.

The DR Unit will also be working with the field to increase DR initiation rates, DR closure rates, improve completion of the Family Strengths and Needs Assessment and case plans, and improve and strengthen community resource development by DR staff. The DR Unit will increase the time they spend in the field coaching and mentoring field staff to improve the overall practice of DR.

In an effort to understand the reasons for foster care removals after a family had a DR referral, 124 individual cases where a removal occurred were reviewed to determine the reason for removal and what services were provided, if any, during the DR to prevent removal. The review revealed that 55% of the children were removed due to drug related concerns. In the vast majority of these cases, drug use was a concern mentioned during the DR but inadequately assessed and addressed by staff.

- **Child and Adolescent Needs and Strengths/ Family Advocacy Support Tool (CANS/FAST)**

CANS/FAST assessments are implemented statewide. The CANS is used in foster care cases and the FAST is used in Protective Services, or In-Home cases. The Division is currently evaluating whether the current CANS/FAST or a hybrid form modeled after Utah's UFACET is the best tool for DCFS to use, or if it would be beneficial and more appropriate to transition to the assessment and case planning tools utilized in the National Council on Crime and Delinquency-Children's Research Center (NCCD-CRC) version of Structured Decision Making and Safety Organized Practice that the division is transitioning to (See Arkansas' PIP Goal 1 Strategy 2 for details on the transition).

In the interim, the CANS/FAST Program Manager will continue to provide advance practice training as needed and requested for staff. Case reviews will continue to look at cases with recently approved assessments and case plans to provide feedback and coaching and mentoring to staff to improve quality and fidelity of the assessments.

- **Team Decision Making (TDM)** TDM is currently, implemented in 30 of the 75 counties in Arkansas; Area 2-Sebastian & Crawford Counties, 3-Saline, Garland, Perry, Hot Springs Counties, 4-Union, Ouachita, Nevada, Columbia, Lafayette, Hempstead, and Miller Counties, 5-Faulkner, Conway, Van Buren and Pope Counties, 6-Pulaski, and 8-Fulton, Izard, Sharp, Lawrence, Randolph, Clay, Greene, and Craighead Counties. All counties in Area 8 with the exception of Mississippi County have now been implemented. (Mississippi County in Area 8 was trained in TDM 101.) DCFS is in the process of restructuring TDM to be for considered removals. This will begin as a pilot in Area 8 then move statewide by area after assessing the roll out in each previous area. Once this new protocol is implemented, the TDM meeting will replace the Removal Consultations that are currently being conducted by the Program Administrators in each area. As TDM moves to each new area, all area staff will be trained, and stakeholder meetings will be held. TDM Program Manager and Supervisor will collaborate with NCCD to increase safety decisions being made in the implemented counties. Additionally, Garrett's Law Safety Assessment Training will be provided statewide by the TDM Program Manager. Additional goals for TDM are to provide field support, monitoring of TDM meetings, mentoring of facilitators, utilizing family's protective factors to develop TDM plans, and increasing community engagement.
- **Nurturing the Families of Arkansas (NFA)**
Nurturing the Families of Arkansas (NFA) is a statewide parenting program for non-court ordered In-Home cases with children ages 5-18. The program is intended to prevent foster care placement and strengthen families. If a parent has a substance use disorder, that must be addressed prior to referring the family for NFA. The In-Home Program Manager oversees this program and is looking at the possibility of expanding the program to FINS cases and DR cases.
- **Targeted Recruitment (TR)**
TR has continued with recruitment efforts in six areas of the state while a Diligent Recruitment grant supported recruitment in the remaining four areas. As the waiver comes to a close, so does the Diligent Recruitment grant. Recruitment efforts will continue statewide as it is clear through our analysis of placement stability for foster children, that Arkansas still lacks appropriate placement resources. Going forward efforts to recruit will be targeted by area need. Each county and area will assess their current placement resources, look at the children that are in care in the county based on demographics and see if the current resources are sufficient to address the need. If the

resources are inadequate, then county and area plans will be developed to recruit homes to address the identified demographics. Each plan will be reassessed every six months to assess for progress in meeting the identified need or adjust to meet the need if it has changed.

Arkansas has also partnered with the CALL, Searcy Children's Home, Paragould Children's Home, Southern Christian Children's Home, Arkansas Baptist Children's Home, and COMPACT to recruit and support foster homes for children.

The budget has the ability to sustain the waiver programs following the conclusion of the waiver.

Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive Payments will be used to fund a variety of services including post-adoption services, home studies, and adoptive and foster parent recruitment activities. The DCFS Finance Unit has internal controls to ensure the timely expenditure of the funds within the 36 months expenditure period as it has done with past Adoption and Legal Guardianship Incentive Payment Awards.

Adoption Savings

Arkansas Adoption Program will continue to invest resources in the following activities:

- Cover cost of acute or other inpatient care when there are no other payment sources and an adoption is in danger of disruption or dissolution and adoptive family is willing to continue participating in treatment with child;
- Cover cost of counseling when there are no other payment sources and an adoption is in danger of disruption or dissolution and adoptive family is willing to participate in counseling;
- Provide respite for adoptions in danger of disruption or dissolution when adoptive family is committed to continue to work with the child.

CONSULTATION AND COORDINATION

BETWEEN STATE AND TRIBES

DCFS provides services and supports to all child populations in Arkansas—including Native American. Children's ethnicity is captured in the CHRIS system when a case is opened. A family's ethnicity is also discussed at the probable cause and adjudication hearing to determine if the family is a member of a Native American tribe. The attorneys for the Department take the lead on notifying any Tribal Nation and assisting with coordination of steps to verify the membership of the child with a specific Tribe including verifying maternity and paternity of the child. During this verification process, as well as after Tribal membership has been confirmed, DCFS staff ensure that Tribal Liaison representatives are included in all aspects of the case management.

The Division's policy and procedures are applicable to all child populations. The Tribal Liaison representative is included for children identified as Native American.

All children ages 14 and older in Arkansas are referred to the Transitional Youth Services (TYS) (Independent Living) program and eligible to participate in the YYS program. The program allows youth to actively participate in life skill classes, the development of their Life Plan, and to actively participate in the planning of their future. The limitations of APPLA as a permanency goal (i.e., only available as appropriate to youth ages 16 and older) applies to ICWA children as well. If a current ICWA child reaches the age of 14 during this year, they will be referred to the YYS Coordinator in their area, and we will begin offering independent livings services to them.

Some examples of case management activities that DCFS provides include:

- *Providing updates and/or notification on placement moves*
- *Conduct home studies on potential relative/fictive kin placements*
- *Work with ICPC on any cross-jurisdictional placement requests*
- *Ensuring all educational needs are met*
- *Notifications of court hearings, case plan staffings, mediations*
- *Providing a schedule of the parent/child visits*

Some examples of case activities the Tribal Liaison representatives might provide include:

- *Attending & participating in court hearings*

- *Ensuring that the legal language is in the court orders*
- *Recommending services/placements specifically for Native American children*
- *Transporting parents*
- *Providing parents various contacting information*
- *Advocating for the child and/or parent*

Currently, the majority of the ICWA cases in Arkansas are predominately in Northwest Arkansas—Benton, Carroll, Washington, Boone, Crawford, and Sebastian counties. However, there are a few other cases scattered throughout the state. In this area, almost all of the foster children involved with ICWA are part of the Cherokee Nation. The FSWs communicate one-on-one with the Tribal caseworkers from the Cherokee Nation on cases. Generally, it appears to be a good working relationship between the DCFS staff and the Cherokee Nation caseworkers.

On the few other Native American cases, typically the OCC attorney regularly consults with the Tribal representatives. These same OCC attorneys provide notice as required by ICWA and have ongoing communication with the Tribal representatives to discuss participation in the court hearings and case plan staffings. The OCC attorneys also help assist in identifying potential placements, although the placement options are not always utilized.

Arkansas continues to only have a few child welfare cases that have Native American children identified.

Although the CHRIS system does have an element where ethnicity can be documented, it can be very inconsistent due to staff not inputting the data correctly. Often, Native American ancestry is not confirmed until well into the case and that is when staff often forget to go back and change the child's ethnicity on the demographics screen.

Tribal Communication/Collaboration

DCFS continues its good working relationship with the Cherokee Nation, the tribe where the majority of the Arkansas foster children have heritage. Arkansas is still working on developing an MOU to put in place between Arkansas DCFS and the Cherokee Nation. To date, the MOU has been initially updated and reviewed by OCC and DCFS staff is in the process of reviewing. A draft will be updated as needed before being shared with Cherokee Nation.

During this reporting period a new Cherokee field caseworker in Arkansas for Cherokee Nation was assigned. She took over many of the last workers cases as he is now primarily working in other states. DCFS Central Office Tribal liaison assisted these caseworkers several times over the last few months with assignments such as a relative placement issue, conducting CHRIS searches for case history (and some for other Cherokee workers), and also sent DCFS policy update correspondence to all three Cherokee workers to keep them abreast of DCFS changes and updates. The two Cherokee Nation field caseworkers continue to provide ongoing training to DCFS field staff in the Northwest region of Arkansas as needed. They are invited to staff meetings and continuing education seminars where they provide information on ICWA policies and the importance of what active efforts mean to each case.

Additional collaboration efforts have been formed within this past year from Central Office Tribal liaisons. In January 2019, DCFS received a letter from the Berry Creek Rancheria of Maidu Indians of California requesting paper files for any of their child welfare cases. The letter stated that due to recent restructure and the Camp Fire, the tribe was actively seeking any relevant county or state departments provide copies of all active case files. DCFS surveyed all OCC attorneys across the State of Arkansas for any files that would meet the criteria, and none were located. DCFS responded back to the Berry Creek tribe to inform them that no cases were active within our state.

The DCFS triable liaisons have been actively participating in the monthly State ICW managers phone calls. These calls are very informative and do an excellent job of relaying timely national policy and funding information. The calls provide an opportunity for state ICW managers to share ideas and collaborate on challenges being faced. Since Arkansas does not have any federally recognized tribes within our state, the calls are mainly informative in nature, however, Arkansas has recently volunteered to be a reviewer for the group on policy, procedures, or other documents that are being written.

DCFS Central office tribal liaison also assisted Area 5 on a Choctaw case. Contact information that included the local Choctaw worker's name and email as well as the Choctaw director's contact information was shared with local DCFS staff and at a later date this information was shared with a representative from Capacity Building that requested the information.

The DCFS Director also continues the annual contact with the tribal leaders, via email, to promote an avenue to express any issues/concerns/ideas on an ongoing basis. The establishment of the two Central Office liaisons has continued to help strengthen the

collaboration/partnership with Tribal agencies. In April 2019, the Division Director made contact via email with the leaders of all the tribes with which Arkansas has the potential to have affiliation regarding placements of children. The email provided the Directors contact information, the two Central Office liaisons contact information, the approved FFY 2019 APSR, a link to the DCFS master policy manual, and an excerpt of the ICWA policy. The tribal leads were:

- **Nikki Baker**, Cherokee Nation of Oklahoma
- **Lari Ann Brister**, Choctaw Nation of Oklahoma
- **Tamara Gibson**, Eastern Shawnee Tribe of Oklahoma
- **Doug Journeycake**, Peoria Tribe of Oklahoma
- **Mandy Dement**, Quapaw Tribe of Oklahoma
- **Mark Westfall**, Seneca-Cayuga Nation of Oklahoma
- **Andrea Patterson**, Cheyenne-Arapaho Tribes of Oklahoma
- **Nethia Wallace**, Kickapoo Tribe of Oklahoma
- **Shannon Ahtone**, Kiowa Indian Tribe of Oklahoma
- **Kimee Wind**, Hummingbird, Muskogee (Creek) Nation
- **Amanda Farren**, Pawnee Nation of Oklahoma
- **Amy Oldfield**, Ponca Tribe of Indians of Oklahoma
- **Tracy Haney**, Seminole Nation of Oklahoma
- **Christi Gonzales**, Tonkawa Tribe of Indians of Oklahoma
- **Tara Gragg**, Wyandotte Nation
- **Betty Nez**, Zuni Tribe

There were no negative responses and or suggestions to the policy from members who received the APSR and policies. Once Arkansas's 2020-2024 Child and Family Services Plan is approved by the Children's Bureau, the Division of Children and Family Services will share this document with the tribes.

Arkansas continues to look for ways to engage other tribes in meaningful case consultation and to ensure collaboration for the best interest of each child. While Arkansas has made some progress, communication and collaboration with the tribal partners could still be improved. Field staff and practicing attorneys need to continue to receive training on all ICWA requirements.

As referenced above, the Division Director will continue to make contact with the tribal leaders on an annual basis to promote an avenue to express any issues/concerns/ideas. The Division believes that establishing the two Central Office liaisons will continue to help strengthen its collaboration/partnership with Tribal agencies.

JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULthood

Agency Administering Chafee

The Division of Children and Family Services (DCFS) is the state agency with the responsibility and authority to administer, supervise, and directly deliver or arrange for the delivery of the programs identified as the Chafee Foster Care Program for Successful Transition to Adulthood and the Educational and Training Vouchers (ETV), generally referred to in Arkansas as the Transitional Youth Services (TYS) Program. DCFS provides transitional services to youth 14 and older with the guidance of policy and procedures. These services are provided by internal and external staff determined by the assessment of transitional needs of the youth in foster care as well as other case plan requirements as described below. DCFS agrees to cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

The purpose of Transitional Youth Services (TYS) is to better prepare youth in DCFS custody, who are in an out-of-home placement or whose adoption or guardianship is finalized at age 16 or older for successful transition to adulthood and to ensure that youth have access to an array of resources. The Division ensures that each youth in foster care who reaches age 14, or who enters foster care at or after age 14, is provided with the opportunity to take an active role in planning for his or her future. Youth entering foster care between the ages of 14 and 17 are immediately referred to the Transitional Youth Services (TYS) Coordinator.

The Transitional Youth Services (TYS) Unit in Central Office is staffed by the YYS Program Specialist. This position handles all daily, administrative operations of the Chafee Program such as processing purchase requisitions related to transitional services, processing driver's license and car insurance reimbursement requests, and processing Education and Training Vouchers. The YYS Specialist is also the Division's representative at the annual Chafee Grantee meeting and attempts to bring a youth as well if possible based on youth school and work schedules.

The YYS Program Specialist also leads, coordinates, and supports the Youth Advisory Board in their activities and leadership development. The Youth Advisory Board (YAB) is a group of youth in foster care from across the state who represent their peers in foster care at various

conferences and events, advocate on their behalf, and inform the Division's policy and plans as they relate to youth ages 14 and older in foster care. The TYS Specialist schedules and facilitates the monthly Youth Advisory Board meetings along with providing technical and logistical support to Youth Advisory Board officers and members. The TYS Program Specialist works with the YAB to develop the annual Senior Recognition/Educational Achievement event and the annual Youth Leadership Conference as well. Finally, the TYS Program Specialist communicates with DCFS staff, providers, and local communities regarding the needs of the youth in the system.

The TYS Unit receives and reviews a monthly report provided by each Transitional Youth Services Coordinator throughout the state. These monthly reports allow the unit to determine whether appropriate services are provided to transition aged youth with consistency throughout the state. Additionally, this report provides information on the number of transition-aged youth participating in Life Skills trainings. In SFY 2019 to date (July 1, 2017 through June 30, 2018) 2,853 participated in Life Skills classes offered by DCFS staff. This includes duplicate counts of youth.

DCFS policy provides a summary of the Transitional Youth Services as well as the staff responsible for these services. Broad TYS Program requirements incorporate Positive Youth Development principles and include:

- A. Provide the youth with the opportunity to be actively engaged in all case/client plans impacting his or her future, including, but not limited to a Transitional Plan and a Life Plan.
- B. Empower the youth with information regarding all available services and options and provide the youth with the opportunity to participate in services tailored to his or her individual needs and designed to enhance his or her ability to acquire the skills necessary to successfully enter adulthood.
- C. Assist the youth in developing and maintaining healthy relationships and life connections with nurturing adults who can be a resource and positive guiding influence in his or her life after leaving foster care.
- D. Provide the youth with basic information and documentation regarding his or her biological family and personal history.
- E. Provide the youth with information that relates to the health care needs of youth aging out of foster care, including options for health insurance after exiting care and the importance of designating another individual to make health care treatment decisions on behalf of the youth, if he or she becomes unable to participate in such decisions and does not have, or does not want, a relative who would otherwise be authorized to make such decisions; provide the youth with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under State law.
- F. Inform the youth of his or her right to stay in care until age 21.

The TYS Program requirements listed above are designed to support four primary groups of the foster care population in Arkansas:

- A. Youth in foster care receiving general Transitional Youth Services, beginning at age 14 through age 17, to receive services such as life skills assessment, basic life skills training, and other services such as tutoring that can be approved on a case-by-case basis;
- B. Youth ages 18-21 who elect to participate in the Extended Foster Care Program; In order to be eligible for Extended Foster Care, youth must meet one of the following criteria:
 - 1) The youth is completing secondary education or a program leading to an equivalent credential; or,
 - 2) The youth is enrolled in an institution which provides post-secondary or vocational education; or,
 - 3) The youth is participating in a program or activity designed to promote, or remove barriers to, employment; or,
 - 4) The youth is employed for at least 80 hours per month; or,
 - 5) The youth is incapable of doing any of the above described activities due to a medical condition.
- C. Youth who were in foster care on their 18th birthday but opt out of the Extended Foster Care Program and are eligible for After Care services and support until age 21.
- D. If a youth was in foster care on or after his 16th birthday and was adopted or entered into a guardianship before his or her 18th birthday, he or she is eligible for general Transitional Youth Services until his or her 21st birthday, with the exception of Education and Training Vouchers which are available to any youth aging out of foster care as well as this population until the age of 26 as long as it is not accessed for more than five years.

These criteria listed above are how the state objectively determines eligibility for benefits and services under the program. Corresponding policy and publications that are posted online and distributed statewide ensure fair and equitable treatment of benefit recipients. Additional detail about each population follows.

General Chafee Foster Care Program for Successful Transition to Adulthood Services (Youth in Foster Care Ages 14-17)

Within 30 days of entering care, or within 30 days of turning 14 years of age, whichever comes first, youth receive PUB-49: "Be Your Own Advocate: The Short List," which is a document that describes their rights while in foster care. Arkansas state law 9-28-111 requires this separate document to be provided to youth 14 and older regarding the rights of the juvenile while in foster care.

This statute also requires that the youth acknowledge that he or she has been provided with a copy of their rights while in foster care, that the department explained the rights to the juvenile in a developmentally appropriate and age appropriate way, and that the youth had the opportunity to ask questions. The Division meets this statutory requirement via CFS-007: Youth Acknowledgement of Rights in Foster Care. The youth's FSW and AAL also sign the CFS-007. The form is printed in triplicate so that the youth, FSW, and AAL may all retain a copy for his/her records. PUB-49 and CFS-007 are included in the doc tracking screen in CHRIS so that the child's FSW may document when these materials are provided to the youth.

PUB-50: "Be Your Own Advocate" is an extended version of PUB-49 that goes into more detail about a youth's rights while in foster care as well as what to expect while in the custody of DCFS such as different services and programs available to them. DCFS staff members are encouraged to provide PUB-50 to all youth 14 and older as a supplement to PUB-49.

As per DCFS Policy IV: Assessment of Family Strengths and Needs to Develop Individualized Case Plans, youth are to be involved in the development of their Child and Family Needs and Strengths (CANS) assessment and case plan. Further, all youth 16 and older must be asked about his or her desired permanency goal at the permanency planning hearing or have the youth's attorney ad litem enter evidence concerning the youth's wishes if the youth does not feel comfortable speaking in court.

In addition to the CANS assessment, each youth age 14-17 receiving Transitional Services is assessed annually using Casey-Ansell Life Skills Assessment; however, an individualized assessment is conducted every six months to determine the youth's progress in acquiring basic life skills and the skills necessary for a successful transition to adulthood. Basic life skills should also be assessed at each staffing held for a youth age 14 and older.

As a complement to the case plan, each youth 14 and older is also involved in the development of a Transitional Plan which encompasses life skills, resources, and future-planning for the youth's successful transition into adult life. The Transitional Plan is created with the support of the youth's Transitional Team which consists of the youth's family service worker, attorney ad litem, and other adults who the youth identifies as significant. The youth can choose up to two members of the case planning team who are not the youth's FSW or foster parent.

The Transitional Plan states that the youth has the right to remain in foster care after reaching 18 for education, treatment, work, or specific programs or services including but not limited the Chafee Program and other transitional services. In addition, the youth's transitional plan within the case plan also addresses the areas of information regarding parents and siblings; foster care placement history; educational assistance; developing and maintaining lifelong connections; other services tailored to meet youth's individual needs; health records; and educational records.

The Transitional Plan allows for client protection. If a youth is identified as legally impaired and likely to become endangered, the Transitional Plan includes referrals to Developmental Disabilities Services and/or Adult Protective Services as appropriate. For youth with significant mental health issues, the Transitional Plan considers appropriate referrals and applications for post-care services (e.g., adult SSI).

The youth's primary Family Service Worker is responsible for the coordination of the youth's Transitional Team and is responsible for the Transitional Plan and case plan as reflected in the court report and provision of associated services. Each of the Division's ten geographic service areas also has one to two Transitional Youth Services (TYS) Coordinators who are experts in TYS and serve as a support for some of the youth's Transitional Plan actions and/or goals and may serve on the Transitional Team if appropriate. TYS Coordinators are assigned as secondary to a youth's case as appropriate. Generally the TYS Coordinators and TYS Supervisors have a bi-annual meeting together led by the TYS Specialist and Assistant Director over TYS Services to help ensure all staff who specialize in serving this population in foster care have a shared understanding of program rules and values. By having statewide TYS coverage with centralized messaging and support, the state has ensured and will continue to ensure that areas of the state are served by the Chafee program, though not necessarily in a uniform manner.

Each youth in DHS custody, age 14 or older, is eligible for Chafee services. All Chafee services are voluntary. Services provided are primarily education- and training-oriented and are intended to keep youth in school while they obtain life skills and participate in other life preparation activities and plans to promote a successful transition to adulthood.

DCFS provides, either directly, through contract, or through other community resources, those services and supports identified in the life skills assessment that are indicated to help the youth achieve successful transition to adulthood. Examples include driving education courses and support to participate in youth development and leadership opportunities provided through schools, youth groups, and community groups. Life Skills classes are also held throughout the

State of Arkansas each month in each Area. Life Skills Classes cover topics that include but are not limited to banking basics, hygiene and general health, budgeting, the college application process, creating a resume, job interview preparation, meal planning and shopping, basic cooking skills, etc. The TYS Coordinators are currently the staff responsible for providing Life Skills Classes to youth in foster care, but may, as needed, coordinate other presenters, panels, community leaders, etc. to provide some of the Life Skills Trainings as needed. The following chart provides the number of youth who participated in Life Skills Training provided by DCFS staff from July 1, 2018-May 31, 2019. The numbers below include duplicated counts:

Area	# of Youth
1	375
2	309
3	234
4	172
5	290
6	658
7	527
8	299
9	161
10	363
Total	3,388

Placement providers also play a key role in ensuring that youth learn basic household management skills and adequate educational support. Throughout the state, DCFS works with a variety of other providers to help youth in foster care achieve independence. Examples include Arkansas Rehabilitative Services and Youth Challenge.

Board payments for IV-E eligible youth may be made through title IV-E funds. Board payments for youth who are not IV-E eligible are paid using State General Revenue funds. The Division also offers several other financial supports to assist youth with achieving normalcy while in foster care as well as helping them to transition to adulthood as outlined in the Transitional Youth Services Support Table.

Before closing a case for a youth in foster care that has reached 18 or older – the youth will have in their possession:

- Social security card;
- Certified birth certificate or verification of birth record, if available or should have been available to the department;
- Family photos in the possession of the department;
- Health Records
- Educational Records
- Credit Report
- Driver's License or a state-issued official identification card

While incarcerated youth (prison, jail, DYS custody) are ineligible for Chafee funding, youth are still given the opportunity to plan for his or her future.

Opportunities are available for each foster parent caring for, or interested in caring for, a youth age 14 or older. Each Family Service Worker responsible for any youth, age 14 or older, in helping youth acquire basic life skills.

Within 30 days after the youth leaves foster care, the Division provides the youth the following:

- A. A full accounting of all funds held by the department to which he or she is entitled;
- B. Information on how to access the funds;
- C. When the funds will be available.

Extended Foster Care

Even after reaching the legal age of majority (i.e., 18 years of age), all youth need additional support and access to an array of resources as they continue their transition into adulthood. As such, youth ages 18 through 21 may choose to participate in extended foster care for education, treatment, work, or other programs and services as determined appropriate by their Transitional Team in order to help them achieve a successful transition into adulthood. As of June 26, 2019, 230 youth are participating in the Extended Foster Care Program throughout the state.

The Extended Foster Care Program for youth up to age 21 has been part of Arkansas's child welfare system for over ten years, so has become a part of the overall system. That said, the state recognizes that an area needing improvement is to create a better continuous quality

improvement feedback loop regarding this population and how service improvements can be implemented. As part of the Division's NYTD PIP, the agency is in the process of developing a case review tool for Transitional Youth Services (TYS) cases, which will include Extended Foster Care Cases. Beginning in SFY 2020, the Division's data management and analysis contractor, will pull a report at the beginning of each month showing case and client identification numbers of youth in foster care ages 14 to 19 who have been in care for at least 9 months as of the end of the preceding month. The DCFS Quality Assurance Coordinator will select nine to ten of these each month to review, thereby reviewing a little over 10% of the TYS cases in Arkansas over the course of the SFY. Feedback regarding the reviews will be provided directly to TYS Supervisors and Coordinators as well as to Area Directors to share with their other staff. Please see Attachment: NYTD PIP for more information.

Arkansas has limited placement options for youth in Extended Foster Care. However, those that do exist -- such as Immerse Arkansas and Get Real 24 -- have strong programs that wrap additional case management support and services around this older population in foster care in an effort to give them an independent living setting and help youth in foster care successfully achieve independence. The Division is currently developing a Request for Proposal for additional Supervised Independent Living settings that will most likely go into effect in spring 2020.

In Arkansas, a TYS Sponsor must be in place for youth who are 18 and older and do not reside with a foster family or other placement provider. The purpose of the TYS Sponsor is to provide additional support to the youth and help the youth with budgeting his or her monthly board payment. As such, the youth's board payment is paid via the TYS Sponsor. TYS Sponsor criteria are as follows:

- The biological parent of the youth cannot serve as the youth's sponsor.
- A State Police Criminal Background Check and a Child Maltreatment Central Registry Check must be run on all Transitional Youth Sponsors.
- After receiving clear background checks, all Transitional Youth Sponsors must, at a minimum, attend a staffing/Transitional Team Meeting with the youth and all parties to the case prior to being entered as the sponsor in CHRIS (referred to as the 'ILP Sponsor' in CHRIS). The goal of this staffing is to ensure the prospective sponsor understands his/her role to include, but not limited to:
 - Serving as a member of the youth's Transitional Team
 - Providing support and guidance to the youth as they transition to adulthood (e.g., assisting with decision-making regarding education, employment, housing, etc.)
 - Assisting the youth with budgeting the youth's board payment
 - Helping to ensure the youth meets at least one of the following extended foster care requirements or has a viable plan in place to meet one of the following requirements:

- Youth is enrolled in school; or,
- Youth is working at least 80 hours/month; or,
- Youth is enrolled in a program designed to remove barriers to employment (e.g., JobCorps); or,
- Youth has a medical condition that prevents him/her from participating in any of the above activities.
- Transitional Youth Sponsors will be on either the Resource Worker Supervisor's workload **or** the Transitional Youth Services Supervisor's workload to ensure the State Police and Child Maltreatment Central Registry checks remain current (i.e., every two years).
- For youth participating in extended foster care (i.e., **18 years of age and older**), those youth may live with the Transitional Youth Sponsor provided that:
 - The State Police Background and Child Maltreatment Central Registry checks are clear and up to date (i.e., within the past two years); and,
 - A visual inspection of the sponsor's home is conducted by the child's primary FSW caseworker (or secondary FSW caseworker, as appropriate) and TYS Coordinator prior to the youth living there; and,
 - The Area Director approves the living arrangement with the sponsor; and,
 - A staffing/Transitional Team Meeting is held to ensure the sponsor understands his/her role (see above) **and** that individualized guidelines and expectations are established for any youth who will reside with his/her sponsor (e.g., curfews, any responsibility for assisting with costs of living, if applicable, via the youth's board payment, etc.); and,
 - The FSW caseworker (primary or secondary, as appropriate) must continue to make monthly visits to any youth living with a Transitional Youth Sponsor just as they would for a youth in any other placement, and the TYS Coordinator is also encouraged to visit the youth in this type of placement on at least a quarterly basis.
 - DCFS may deny any Transitional Youth Sponsor based on background check results or other concerns. The youth's ad litem must always be consulted regarding the selection of a Transitional Youth Sponsor (see staffing requirement above) and any plans for a youth over the age of 18 to live with a sponsor.

Currently there are 125 youth who have a TYS Sponsor.

After Care Services and Supports

Chafee funds can be used to provide assistance and services to youth who have left foster care because they have attained 18 years of age and who have not attained 21 years of age. These services are called after care. The youth must have been in foster care on his or her 18th birthday and not currently in DHS custody to be eligible for after care services and support.

Additionally, a youth must have a budget and a plan that includes participation in education, employment, training, or treatment in order to be eligible for after care. After care support is

generally limited to \$500 in any one month and may be requested for a total of \$2000. After care support may include expenditures for education or training programs, housing, insurance, housing set-up, transportation, utility bills, or utility deposits. After care support is paid to the provider, not the youth. Reimbursement may be made to the youth if documentation of the expense is provided. After care support does not include amounts available through ETV. Youth eligible for after care may also participate in life skills classes.

Description of Program Design and Delivery

The state recognizes that there are significant opportunities to strengthen the Transitional Youth Services Program. Over the next five years, Arkansas has the following plans to strengthen programs to achieve the purposes of the Chafee program:

- Increased services and supports to pregnant and parenting teens in foster care to include (see Plan for Enacting State's Vision Goal 1, Strategy 2):
 - Expansion of Nurturing the Families of Arkansas parenting education for parenting teens (summer 2019);
 - Implementation of Safety Baby Showers (fall 2019);
 - Exploration of development of services coordinator position housed at the University of Arkansas for Medical Sciences to assist pregnant and parenting teens and DCFS staff navigate and select appropriate services to help wrap-around mother and baby (e.g., appropriate home visiting referrals, breastfeeding support resources, assistance with accessing high quality child care, etc.). (fall 2021)
- Development and implementation of contract for 40 Supervised Independent Living opportunities as allowed under the Family First Prevention Services Act (spring 2020, see Plan for Enacting State's Vision Goal 3, Strategy 9);
- Development of video in coordination with Project Zero and/or standing panel of youth in foster care describing need for family like settings / more foster homes for teens in foster care in effort to recruit more foster parents willing to take teenagers (summer 2020, see Targeted Foster Adoptive Parent Diligent Recruitment Plan Strategy B);
- Implementation of Arkansas's National Youth in Transition Database (NYTD) Review Program Improvement Plan (See Attachment, full implementation by fall 2020);
- Expansion and revitalization of statewide Youth Advisory Board (fall 2020)
- Exploration of technical assistance offered through Foster Club to include (spring 2021):
 - Review and consideration of implementation of Foster Club Transition Tool Kit;
 - Training opportunities offered through Foster Club for staff and resource parents with focus on integration of Positive Youth Development principles;
- Consideration of fully contracting annual Youth Leadership Conference development and logistics out to Foster Club (summer 2021);
- Development and implementation of contract for Life Skills Training to increase quality and availability of Life Skills classes (fall 2021);
- Revitalization of local Youth Advisory Boards (spring 2023);
- Development of pilot mentoring program (spring 2024).

In addition to the plans laid out above, several of the agency's Child and Family Services Review Program Improvement Strategies will impact youth participating in the TYS Program. All of the goals and strategies in the CFSR PIP, if achieved, will affect the experience of older youth in foster care and the Transitional Youth Services Program given that the CFSR PIP impacts the entire child welfare system for the family's first point of contact with the agency to prevention services where applicable to achieving timely permanency for youth who enter the foster care system.

The Youth Advisory Board participated in focus groups during the state's 2016 Statewide Assessment, the 2018 National Youth in Transition Database (NYTD) Review focus groups, the root cause analysis focus groups conducted in 2018, and were also consulted during monthly YAB meetings as to the development of goals for the TYS Program for the state's Child and Family Services Plan goals and strategies. Common themes heard from the youth throughout all of forums included:

- Better communication needed between primary and secondary family services workers and TYS Coordinators;
- More frequent and quality communication needed from family service workers (though generally youth had positive comments regarding frequency and quality of communication and overall support received from TYS Coordinators);
- More timely provision of services and supports needed (primarily in terms of purchases for clothing, school activities, etc.);
- More opportunities for normalcy needed;
- More consistency in service provision and/or service array needed given that services and opportunities vary by county and placement type;
- More foster homes needed that are willing to take teenagers.

By and large, youth who attended the Life Skills classes found them helpful in terms of content provided and as an opportunity to connect and share information with other youth in foster care. Overall, youth involved in the focus groups reported that for the most part, that appropriate services were included in their case plan, though some youth felt that counseling and prescribed medications were not needed, but they were forced to attend counseling and/or take medication related to mental or behavioral health needs that they did not feel was necessary.

The monthly YAB meetings as well as the annual Youth Leadership Conference, held each summer, provide the Division the opportunity to share other agency programmatic updates and ensure youth have a full understanding of services and supports available to them through Chafee. The monthly Life Skills Classes in each area also provide a forum for DCFS staff and YAB members to share programmatic updates with the other youth in foster care.

The state embraces the Positive Youth Development approach of engaging youth within their communities, schools, organizations, peer groups, and families; recognizing, utilizing, and enhancing young people's strengths; and promoting positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their strengths. The Division continuously promotes the idea that staffings, transitional team meetings, and case plan development should be youth-led. This idea is modeled to a certain extent by allowing the Youth Advisory Board to plan and execute the annual Youth Leadership Conference. This involves the YAB selecting the theme, workshops, and meals, identifying speakers and free-time activities, being involved in the budgeting process, and facilitating this conference each year.

The Division has also tried to promote normalcy, particularly through the reasonable and prudent parent standard, for teens in foster care -- among staff, foster parents, placement providers, and youth themselves -- verses coming from a protective lens only in an effort to allow teens in foster care to experience as many normal age appropriate activities as possible based on the individual youth's cognitive, emotional, and behavioral development.

The Division is also looking forward to having Foster Club and some of its Foster Club All Stars be a part of the 2019 Youth Leadership Conference as this group seems to truly embrace and put into practice Positive Youth Development principles. Foster Club and the Foster Club All Stars will be providing the following workshops at the 2019 Youth Leadership Conference:

- **In Transition**

Learn the essential assets that a youth should put in place prior to leaving foster care and get set for your transition to adulthood. *Learning Objectives:*

- *Craft a comprehensive transition plan*
- *Understand the importance of transition planning and preparation*

- **Better Together**

How should you be involved in decisions about your own case plan? What's your role in designing or improving the programs and services that profoundly impact your life? In this session, we'll define youth-adult partnerships, discover why they're important, and challenge participants to think outside the box about how youth and adults can work together! Not only does it benefit you but could help change foster care (and maybe the world!). *Learning Objectives:*

- *Define what these partnerships are*
- *Discuss some advantages and challenges*
- *Understand the different types*
- *Brainstorm strategies for dealing with challenging situations*

- **Strategically Sharing Your Story**

Reframe foster care experiences as expertise, how to safely tell stories by retaining boundaries, and understanding the purpose for which one might share a personal story.

Learning Objectives:

- *Define Strategic Sharing as a concept*
- *Safely tell stories by creating boundaries*
- *Understand why one might share a personal story*
- *Understand how pieces of our stories contribute to our identities*

- **Family Matters:**

Dealing with birth family can be confusing and chaotic! These relationships often require special attention. Through role-playing scenarios and rich group discussion, begin to formulate strategies for building safe and healthy relationships with family members.

Learning Objectives:

- *Identify positive ways to stay connected to bio family members*
- *Develop informed strategies for managing tough relationships or situations*
- *Talk about why relationships are important*

The Division hopes the evaluations of these workshops may serve as a launchpad for the state to learn how to better incorporate Positive Youth Development principles into its work with older youth in foster care and even access Foster Club and similar resources to provide training to staff and foster parents.

Admittedly, the state has room to grow in terms of implementing the Positive Youth Development approach and associated principles into daily practice in its Chafee program. As part of its National Youth in Transition Database (NYTD) Program Improvement Plan (PIP), the Division is currently in the process of developing a statewide TYS Training for DCFS staff to be implemented in 2020. The developers of this training are reviewing Positive Youth Development principles to incorporate into this training. In addition, as previously referenced, the Division is currently developing a scope of work and associated program deliverables for a new Supervised Independent Living Request for Proposal for youth ages 18-21 that would be implemented in 2020. The incorporation of Positive Youth Development principles into these programs will be included among these deliverables. Finally, DCFS is also considering putting a Request for Proposals out by SFY 2021 to help bring more consistent Life Skills classes to more youth in foster care, and one of the required program deliverables for this RFP will once again be the incorporation of Positive Youth Development principles.

Arkansas's 2018 National Youth in Transition Database Onsite Review provided an opportunity for the state to learn how to better share the results of NYTD data collection with families, children and youth, tribes, courts, and other partners; TYS Coordinators; service providers and the public. Please see Attachment: Arkansas NYTD PIP for more information regarding plans to share NYTD results and strengthen the collection of high-quality data through NYTD.

EDUCATION AND TRAINING VOUCHER PROGRAM

Youth in care, emancipated youth, youth who exited foster care at age 18 or older, and youth who exited foster care and entered into an adoption or guardianship at 16 and older may apply for assistance through the Educational and Training Voucher (ETV) program. ETV is available to eligible youth in these populations up until the age of 26 as long as ETV is not accessed by an individual for more than five years. First-time college applicants only require either a high school diploma OR a GED. For youth who have already been awarded ETV, they must re-apply for ETV each semester. To re-qualify for ETV once a youth has started college, he/she must be in good academic standing and making progress toward a degree.

Arkansas currently manages the ETV program. Youth, who apply and are deemed eligible for participation in the program receive up to \$5000 each state fiscal year. These funds are treated much like a “scholarship” and typically dispersed in \$2,500 increments each Fall and Spring semester. ETV can be utilized to pay for summer school as long as the \$5,000 limit is not exceeded in any state fiscal year. ETV can be used to pay undergraduate tuition/ and fees, books, and other costs associated with post – secondary education for eligible youth. ETV is paid directly to the post-secondary institution. If there are remaining ETV funds available to the youth after all post-secondary institution tuition and fees have been paid, the ETV funds may be used for other costs of attendance as long as the other items do not exceed the total cost of attendance for a particular school. Other costs of attendance are paid either directly to the provider of those goods or may be paid directly to the youth on a reimbursement basis provided the appropriate documentation is submitted by the youth.

The ETV approval process takes place within the TYS Unit including tracking of ETV amounts awarded in CHRIS, which is how the state provides an unduplicated number of ETVs awarded each school year.

In order to access any federal funding, including ETV, youth must complete the Free Application for Federal Student Aid (FAFSA). The FAFSA is the key to federal Pell Grants, the Arkansas Academic Challenge Scholarship, and the DCFS Educational and Training Voucher (ETV). Assuming a youth successfully completes the FAFSA, almost all youth in foster care will qualify for a federal Pell Grant (typically almost \$6,000 for the entire academic year). This is the first source of financial aid applied to a youth's cost of attendance for college.

Youth in foster care are also encouraged to apply for the Arkansas Academic Scholarship, which is another funding opportunity for youth who attend public in-state universities or colleges. The amount of the Arkansas Academic Challenge Scholarship increases almost every year from a

youth's freshman year to senior year as long as the student continues to meet the eligibility criteria. The minimum requirements to qualify for an initial Arkansas Academic Challenge Scholarship are: 1) Successful completion of the FAFSA and, 2) Minimum score of a 19 on the ACT.

According to the Arkansas Department of Higher Education's website, the payment amounts for youth who initially accessed the Arkansas Academic Challenge Scholarship is as follows:

Academic Challenge Award Amounts

Four Year School	2 Year School
\$1000 (1st year)	\$1000
\$4000 (2nd year)	\$3000
\$4000 (3rd year)	-
\$5000 (4th year)	-

All youth are encouraged to explore work study and additional scholarship opportunities that may be available to them through their local communities and churches, the particular colleges they are attending, and national scholarship opportunities. DCFS staff are asked to encourage youth to work with their high school guidance counselors, foster parents, DCFS Transitional Youth Services (TYS) Coordinators, CASAs, etc. to identify additional scholarship opportunities during their senior year in high school.

Consultation and Coordination Between States and Tribes

Please refer to the earlier section regarding Consultation and Coordination between States and Tribes for information regarding how the states consult Indian tribes and efforts to coordinate programs with these tribes. This information applies to sharing information regarding Chafee and ETV.

Benefits and services under Chafee and ETV have objective criteria, so these programs are available to Indian children and youth on the same basis as to other children in the state.

All Chafee and ETV benefits described above are available to Indian children and youth.

To date, no tribes have requested the development of an agreement to administer or supervise the Chafee Foster Care Program or an ETV program with respect to eligible Indian. All children with Indian heritage who otherwise qualify for Chafee and/or ETV, are eligible for Chafee (transitional youth) services and the ETV program.

ATTACHMENTS:

- **CFSP Cover Memo**
- **CFSP Checklist**
- **2020-2024 Child and Family Services Plan**
 - *CFSP Attachment A: DCFS Organizational Chart*
 - *CFSP Attachment B: AR 2017 Round 3 CFSR PIP*
 - *CFSP Attachment C: AR NYTD PIP*
 - *CFSP Attachment D: Child Death Review Protocol*
 - *CFSP Attachment E: Foster Adoptive Parent Diligent Recruitment Plan*
 - *CFSP Attachment F: Health Care Oversight and Coordination Plan*
 - *CSFP Attachment G: Disaster Plan 2019*
- **CFSP Attachment H: 2020-2024 Training Plan**
 - *Training Plan Attachment 1: Field Training Methods and Techniques*
 - *Training Plan Attachment 2: Supervisor Role in New Staff Training*
 - *Training Plan Attachment 3: Training Matrix*
- **Assurances and Certifications**
 - ❖ *Chafee certification*
 - ❖ *ETV certification*
 - ❖ *Title IV-B assurances*
- **Financial Information**
 - ❖ *CFS 101, Part I (Excel and PDF)*
 - ❖ *CFS 101, Part II with planned expenditures for the use of FY 2020 funds (Excel and PDF)*
 - ❖ *CFS 101, Part III with estimated and actual expenditures of 2017 grants for the title IV-B, and, at state option, the CFCIP and ETV programs (Excel and PDF)*
 - ❖ *Payment Limitations FY 2017 Subpart 2 against 1992 base year*
 - ❖ *FY 2019 State expenditures under Title IV-B in 2005*